

1. PLACE OF DEATH
County McLean Registration Dist. No. 696

Bloomington Primary Dist. No. 3417

STANDARD CERTIFICATE OF DEATH

Registered No. 302
(Consecutive No.)

*(Cancel the three terms not applicable—
Do not enter "R. R.," "R. F. D.," or other
P. O. address).
Street and Number, No. 1507 North Franklin Ave.

2. FULL NAME Mrs. Gottliebe Wilke

(a) Residence No. 1507 N Franklin Avenue St.; _____ Ward, _____
(Usual place of abode) (If non-resident, give city or town and State)
length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Widow

5a. If Married, widowed or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH October 28 1863
(Month) (Day) (Year)

7. AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.?
65 7 3

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) _____
(State or Country) Germany

10. NAME OF FATHER John Lavenbeiger

11. BIRTHPLACE OF FATHER (City or Town) _____
(State or Country) Germany

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (City or Town) _____
(State or Country) Germany

14. INFORMANT Mrs Carrie Carlson
(personal signature with pen and ink)
(P. O. Address) 1507 Franklin Avenue

15. Filed Aug 2 29 HERMAN J. BOGGS Registrar.
P. O. Address _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 1 1929
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Aug 1, 1929, that I last saw h. or alive on Aug 1, 1929 and that death occurred, on the date stated above, at _____

18. THE CAUSE OF DEATH* was as follows:
Chronic Emyphaemia

(Duration) 12 yrs. mos. ds.

Contributory (Secondary) Myocarditis & Bronchitis
(Duration) 2 yrs. mos. ds.

18. Where was disease contracted, if not at place of death? _____

Was an operation performed? yes Date of 1917
For what disease or injury? Emyphaemia

Was there an autopsy? no

What test confirmed diagnosis? _____
(Signed) R. E. L. Brown M. D.
Address Bloomington Illinois
Date Aug 2, 1929 Telephone 167

*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.

19. PLACE OF BURIAL Cremation or Removal Cemetery Park Hill 21. DATE Aug 3 1929

Location Bloomington
(Township, Road Dist., Village or City)

County McLean State Illinois

20. UNDERTAKER Ferd A Flinspach ADDRESS Bloomington
(personal signature with pen and ink) Flinspach & Berg
(firm name, if any)

FOR GENEALOGICAL PURPOSES ONLY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, deaths, and marriages.

DATE: APR 02 2008

SIGNED: Peggy Ann Milton
Peggy Ann Milton
OFFICIAL TITLE: McLean County Clerk

AT: Bloomington, Illinois

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes provide that the certification of this record by the Department of Public Health or the Local Registrar shall be prima facie evidence in all courts and places of the facts therein stated.