

IF REFER TO BACK OF REPORT FOR INSTRUCTIONS.

6406

Authorized by the State Board of Health,
Sec. 4, 5, State Board of Health Act, 1877.

REPORT OF DEATH.

Revised Ordinances, City of Chicago,
Sec. 2050, 2050, 2051, 4060.

DEPARTMENT OF HEALTH: CITY OF CHICAGO.

WM. N. KERR, Commissioner of Health.

BUREAU OF VITAL STATISTICS--DEATHS.

1. Name of Deceased (in full) Jacob Gabel

2. Sex: M Color: W 3. Born in Germany

4. Age: 54 years — months — days. 5. Lived in Illinois 32 years.

6. Died on the 14 day of April 1897, at about 9 1/2 M.

7. Single, Married, Widowed. Occupation: _____

8. Place of Death: 524 S Calhoun Ward 12

9. Place of Burial: Walden

10. Undertaker: J P Roman License No. 128

Date: April 14 1897 Address: 1341 Vanluren St

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I hereby certify, That, to the best of my knowledge and belief, the cause of the death of the above-named and described deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH.	DURATION OF CAUSE.			
	Years.	Months.	Days.	Hours.
Chief and Determining Cause <u>Failure of vital forces</u>	<u>4</u>			
Contributing and Consecutive Causes <u>Second Stroke of Paralysis</u>	<u>4</u>	<u>last 5</u>		

Witness my hand, This _____ day of _____ 1897 } (Signature: J H Flecker M. D.
 Address: 422 Washington Boulevard