

1. PLACE OF DEATH
 County of Boone Registration
 Dist. No. 34

STATE OF ILLINOIS
 Department of Public Health - Division of Vital Statistics

ORIGINAL

STANDARD CERTIFICATE OF DEATH

20036

Registered No. 9
 (Consecutive No.)

2. FULL NAME Caroline Garrison
 Residence No. 1104 St. 11th Ward 11th
 (Usual place of abode)

If death occurred in hospital or institution, give its name instead of street and number.

3. DATE OF BIRTH January 1, 1840
 (Month) (Day) (Year)
 4. AGE 82 Years Months 4 Days 19
 If LESS than 1 day, hrs. OR min.?

PERSONAL AND STATISTICAL PARTICULARS

5. SEX Female COLOR OR RACE White 6. SINGLE MARRIED WIDOWED OR DIVORCED widow
 (Write the word)
 7. DATE OF DEATH June 6, 1922
 (Month) (Day) (Year)
 8. OCCUPATION OF DECEASED Housewife
 (a) Trade, profession, or particular kind of work
 (b) General name of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (city or town) Kalmar (State or Country) Sweden
 10. NAME OF FATHER Jonas Hulson
 11. BIRTHPLACE OF FATHER (city or town) Kristwalla (State or Country) Sweden
 12. MAIDEN NAME OF OTHER Rosendal
 13. BIRTHPLACE OF MOTHER (city or town) Sweden (State or Country) Sweden

14. INFORMANT Victoria L. Tornan
 Address Poplar Grove Ill
 15. DATE OF DEATH June 17, 1922
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 6, 1922
 (Month) (Day) (Year)
 17. I HEREBY CERTIFY, That I attended deceased from June 10th, 1922 to June 16th, 1922
 that I last saw her alive on June 15th, 1922
 and that death occurred, on the date stated above, at 12⁴⁸ AM
 The CAUSE OF DEATH* was as follows
Carcinoma of Stomach

Contributory (Secondary) Chronic myocarditis
 (Duration) ? yrs. ? mos. ? ds.
 (Duration) ? yrs. 2 mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED
 If not at place of death? Unknown
 Did an operation precede death? No Date of -
 Was there an autopsy? No
 What test confirmed diagnosis? Physical organ Clinical Course
 (Signed) W. A. Belsey M. D.
 Address Poplar Grove Ill
 Date June 16th, 1922 Telephone 490

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
 19. PLACE OF BURIAL OR REMOVAL Poplar Grove Ill
 20. UNDERTAKER Wm M Webster
 ADDRESS Poplar Grove Ill
 21. DATE OF BURIAL June 18, 1922