

49136

Return to: M. P. Dogan

ORIGINAL 507, 626 W. Ridge Rd., STATE OF ILLINOIS

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE AND COUNTY

DECEASED'S DISTRICT NO. Gary, Ind. MEDICAL CERTIFICATE OF DEATH REGISTRATION DISTRICT NO. 16.10 REGISTRATION NUMBER 50544

1. PLACE OF DEATH: STATE ILLINOIS COUNTY COOK
 2. USUAL RESIDENCE (If deceased lived in institution, residence before admission, or in a hospital, give name of institution, hospital, or residence): STATE Indiana COUNTY Lake

3. INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO
 4. INSIDE corporate limits and in City, Village, or Incorporated Town Gary

5. NAME OF HOSPITAL OR INSTITUTION VA West Side Hospital
 6. LENGTH OF STAY IN HOSPITAL OR INSTITUTION 9 days
 7. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 311 East 49th Avenue

8. NAME OF DECEASED Ford
 9. DATE OF DEATH July 27 1963

10. SEX Male RACE White MARRIED NEVER MARRIED
 11. DATE OF BIRTH 5 6 97 AGE 66

12. BIRTHPLACE (City, State, and foreign country) Philadelphia, Pennsylvania
 13. CAUSE OF DEATH

14. MOTHER'S FULL MAIDEN NAME Helen Henderson
 15. Was deceased ever in U.S. Armed Forces? Yes No
 16. SOCIAL SECURITY NUMBER 314 05 1465

17. INFORMANT SIGNATURE Madeline Sobel Jewell
 18. ADDRESS 820 South Damen Avenue Chicago 12, Illinois RELATIONSHIP TO DECEASED Niece

19. MEDICAL CAUSE OF DEATH PART I: DEATH WAS CAUSED BY (Select only one. See instructions on back of form.)
 IMMEDIATE CAUSE (A) Pulmonary Embolism

CONDITION (B) Carcinoma of the Urinary Bladder
 PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BEING THE IMMEDIATE CAUSE (List)

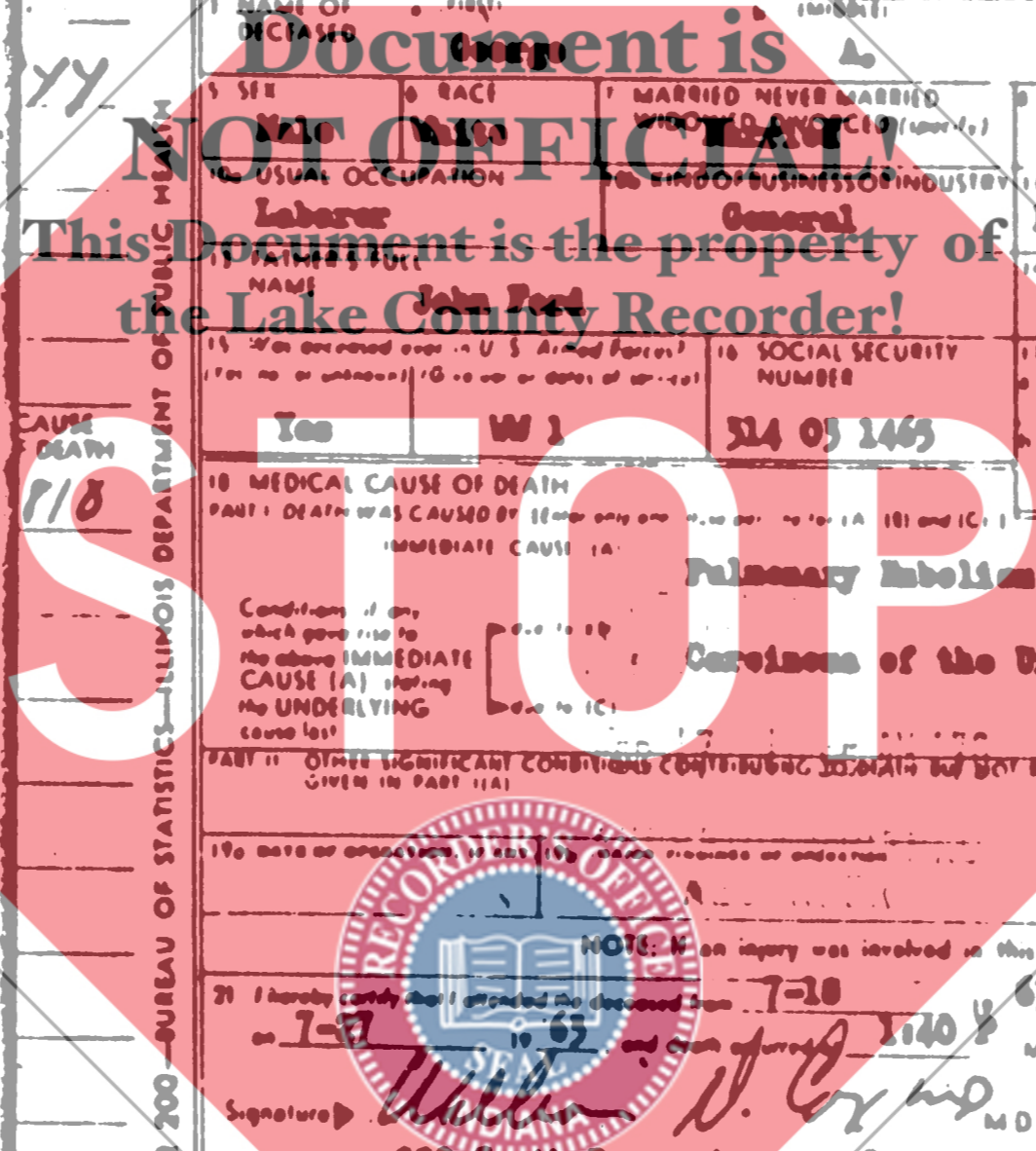
20. DATE OF AUTOPSY 7-28-63

21. I hereby certify that I attended the deceased on 7-10-63 and that I had seen the deceased also on 7-17-63 and that I had seen the deceased also on 7-27-63.

Signature: Madeline N. Jewell M.D. License Number 36 37937 Date 7-28-63
 Address: 820 South Damen Avenue, Chicago 12, Illinois Phone TA 9-2800

22. DISPOSITION: BURIAL OR CREMATION Date 7-31-63
 CEMETERY RIDGE LAWN CEMETERY, GARY, INDIANA
 23. FUNERAL DIRECTOR: GONDER-WILSON, SIGNATURE, ADDRESS 711 So. Dearborn, Chicago 24, Illinois

24. Received for filing on JUL 28 1963 (Signed) Samuel L. Andelman, LOCAL REGISTRAR



Lts. 6 & 7, Bl. 4, Broadhurst, City of Gary, Pl. Bk. 19, p. 13, Office of the Recorder of Lake Co., Indiana. 41-111-647

JULY 31, 1963
 STATE OF ILLINOIS }
 COUNTY OF COOK } SS
 CITY OF CHICAGO }

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
 Only When Original BLUE
SEAL And BLUE SIGNATURE
 Are Affixed.

CITY OF CHICAGO - BOARD OF HEALTH