

50011

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10
DECEASED—NAME **James Knox Polk** MIDDLE LAST SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **January 13, 1970**

STATE FILE NUMBER **601332**

1. **James Knox Polk** 2. **Male** 3. **January 13, 1970**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) **Negro** AGE—LAST BIRTHDAY (YRS.) **50.58** UNDER 1 YEAR: **5b.** UNDER 1 DAY: **5c.** DATE OF BIRTH (MONTH, DAY, YEAR) **6. February 3, 1911** PLACE OF BIRTH (CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER) **7a. Cook**

4. **Chicago** 7b. **Chicago** 7c. **Yes** 7d. **Veterans Administration Research Hospital**

BIRTHPLACE (STATE OR FOREIGN COUNTRY) **8. Kentucky** 9. **United States** 10. **Married** 11. **Ivene Reclar**

SOCIAL SECURITY NUMBER **12. 353 09 74 56** 13a. **Barber** 13b. **Hair Cutting** 13c. **Yes** 13d. **World War Two**

RESIDENCE STATE **14a. Illinois** COUNTY **14b. Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **14c. Chicago** INSIDE CITY (YES/NO) **14d. Yes** STREET AND NUMBER **14e. 6437 South Greenwood**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **Maggie Holly**

INFORMANT'S SIGNATURE **Shirley Campbell** RELATIONSHIP **Hospital** MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) **333 East Hiron Street, Chicago Illinois**

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE

(a) **Lymphosarcoma** YEARS

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) DUE TO OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) **December 27, 1969** TO (MONTH, DAY, YEAR) **January 13, 1970** AND LAST SAW HIM/HER/ALIVE ON: (MONTH, DAY, YEAR) **January 13, 1970** HOUR OF DEATH **2:18 A.M.**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

SIGNATURE **ROBERT DANIEL, M.D.** DATE SIGNED (MONTH, DAY, YEAR) **January 13, 1970** ILLINOIS LICENSE NUMBER **36-40925**

22a. MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

23. **333 East Hiron Street Chicago Illinois 60611**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. **Burial** 24b. **Lincoln** 24c. **Worth Twp., Illinois** 24d. **1-17-70**

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25a. **CHAS.S. JACKSON CO., INC. 7350 S. Cottage Grove Ave. Chgo., Ill.**

FUNERAL DIRECTOR'S SIGNATURE **James Williamson** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **5368**

25b. LOCAL REGISTRAR'S SIGNATURE **Murray C. Brown** CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 103 Concourse Level, Chicago 60602 DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JAN 14 1970**

26a. LOCAL REGISTRAR'S SIGNATURE **Murray C. Brown** ILLINOIS DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL RECORDS

BASED ON 1968 U.S. STANDARD CERTIFICATE

STOP

FILED

FEB 24 1970

LAKES COUNTY RECORDS

Fat. Fedl. Svgs. & Ln. Assn.
2115 Bdwy., E. Chgo., Ind.
46312
January 27, 1970

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Murray C. Brown, 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 as 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.
STATE OF ILLINOIS
LAKES COUNTY RECORDS
FILED FOR RECORD

FEB 24 1 33 PM '70
ANDREW J. HICENKO
RECORDER

BOARD OF HEALTH—CITY OF CHICAGO