

CERTIFIED COPY OF A DEATH RECORD

John Holden, Jr.
612 Hovy
Gary, Indiana

COUNTY RECORD
77814

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE NUMBER

| | | | | | |
|---|---------------|--|---|---|--|
| DECEDENT'S BIRTH NO. | | MEDICAL CERTIFICATE OF DEATH | | REGISTRATION DISTRICT NO. 16.92 | REGISTERED NUMBER 951 |
| 1. PLACE OF DEATH a. STATE ILLINOIS | | b. COUNTY COOK | 2. USUAL RESIDENCE a. STATE Indiana | | b. COUNTY Lake |
| c. <input type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town | | | c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town | | |
| d. <input checked="" type="checkbox"/> OUTSIDE corporate limits and in Township name... Road District No.... | | e. LENGTH OF STAY IN IC OR IN | d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name... Road District No.... | | e. LENGTH OF RESIDENCE AT 2c or 2d Unknown |
| f. NAME OF HOSPITAL OR INSTITUTION HINES ADM., HINES, ILL. | | g. LENGTH OF STAY IN IC 0-0-27 | f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 2185 Adams | | |
| h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office | | | | | |
| g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 3. DATE OF DECEASED OCT 29 1966 | | a. (FIRST) THOMAS | b. (MIDDLE) | c. (LAST) PATER | 4. DATE OF DEATH (MONTH) (DAY) (YEAR) 7 11 1966 |
| 5. SEX Male | 6. RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Never Married | | 8. DATE OF BIRTH 3-10-1897 | 9. AGE (in years last birthday) 69 |
| 10a. USUAL OCCUPATION Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Foundry | | 11. BIRTHPLACE (City and state or foreign country) Washington County, Louisiana | |
| 13. FATHER'S FULL NAME Carter Pater (dec.) | | | 14. MOTHER'S FULL MAIDEN NAME Willie Ross (dec.) | | |
| 15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) Yes World War I | | 16. SOCIAL SECURITY NUMBER 427-34-5773 | | 17. INFORMANT a. SIGNATURE PETER A. JENNINGS, Chief, Reg. Div. | |
| | | | | b. ADDRESS HINES, ILL. FI 3-7200 | |
| 18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Bronchopneumonia, right lower lobe | | | | | c. RELATIONSHIP TO DECEASED Hospital records |
| Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) Arteriosclerotic heart disease | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 Days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE (A). None | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 19a. DATE OF OPERATION, IF ANY | | 19b. MAJOR FINDINGS OF OPERATION | | ANDREW J. MICEENKO RECORDER | |
| NOTE: If an injury was involved in this death, the Coroner must be notified. | | | | | |
| 21. I hereby certify that I attended the deceased from June 14, 1966, to July 11, 1966, that I saw the deceased alive on July 11, 1966, and death occurred at 10:25 p.m., from the causes and on the date stated above. | | | | | |
| Signature S. E. LAWTON | | Date 7-12-66 | | Illinois License No. 36-16927 | |
| Address HINES, ILL. FI 3-7200 | | Phone | | | |
| 22. DISPOSITION: BURIAL CEMETERY Local LOCATION Gary, Indiana. | | | Date 7-14-1966 | 23. FUNERAL DIRECTOR Halsted Memorial Chapel SIGNATURE C. B. Gibson ADDRESS 7605 S. Halsted St. Chicago, Illinois | |
| 24. Received for filing on JUL 12 1966 | | Signature Fred J. Rose | | FOREST PARK, ILLINOIS LOCAL REGISTRAR | |

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 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 and deaths.

DATE OCT 16 1970 SIGNED Fred J. Rose
AT FOREST PARK, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.
VS53R-701A DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics Printed by the Authority of the State of Illinois