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ORIGINAL 617
 STATE OF ILLINOIS STATE FILE NUMBER 58274
 CORONER'S CERTIFICATE OF DEATH REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

1. PLACE OF DEATH
 a. COUNTY COOK COUNTY, ILLINOIS
 b. Death took place
 OUTSIDE city limits and in... TOWNSHIP.
 INSIDE city limits and in the city, village, or town named at 1c.
 c. CITY, VILLAGE, OR TOWN CHICAGO
 d. LENGTH OF STAY IN... 29 YEARS
 e. CITY, VILLAGE, OR TOWN CHICAGO
 f. LENGTH OF RESIDENCE... 29 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
 a. STATE ILLINOIS
 b. COUNTY COOK
 c. Residence was
 OUTSIDE city limits and in... TOWNSHIP.
 INSIDE city limits and in the city, village, or town named at 2d.
 d. CITY, VILLAGE, OR TOWN CHICAGO
 e. LENGTH OF RESIDENCE... 29 YEARS

3. NAME OF DECEASED LUCY LINDSEY
 a. FIRST LUCY
 b. MIDDLE LINDSEY
 c. LAST
 d. DATE OF DEATH (MONTH) (DAY) (YEAR) AUG. 24 1961

4. SEX FEMALE
 5. RACE NEGRO
 6. MARRIED MARRIED
 7. DATE OF BIRTH (MONTH) (DAY) (YEAR) ESTIMATED 53
 8. AGE (in years (at birthday) (MONTHS) (DAYS) (HOURS) (MIN.))

9. USUAL OCCUPATION (Specify kind of work done during last 3 working days (if retired, if retired)) HOUSE WORK
 10. KIND OF BUSINESS OR INDUSTRY HOME
 11. BIRTHPLACE (City and state or foreign country) VAUGHN, MISS.
 12. Citizen of what country U.S.A.

13. FATHER'S FULL NAME DAVID DUDLEY
 14. MOTHER'S FULL MAIDEN NAME HATTIE POWELL

15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) NO
 16. SOCIAL SECURITY NUMBER UNKNOWN
 17. INFORMANT a. SIGNATURE Theodor Lindsey b. ADDRESS 6833 So. Dorchester c. RELATIONSHIP TO DECEASED HUSBAND

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) ARTERIOSCLEROTIC HEART DISEASE
 Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION
 19. AUTOPSY YES NO

20a. ACCIDENT (specify) SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED (Specify NATURE of injury under MEDICAL CAUSE, item 18)..
 20c. TIME OF INJURY (HOUR) (MONTH) (DAY) (YEAR) A.M. P.M.
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc., or 1)
 20f. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE)

21a. Upon medical investigation I find this death was caused as stated above. DATE SIGNED: 8/25/61 W. W. Nabala M.D. CORONER'S PHYSICIAN
 21b. Upon official investigation I find the person described died as stated above. DATE SIGNED: Andrew J. Tomon M.D. COUNTY CORONER

22. DISPOSITION: BURIAL - (Specify name of cemetery and date) 8-29-61
 CEMETERY LINCOLN
 LOCATION WORTH ILL.
 23. FIRM NAME METROPOLITAN FUNERAL PARLORS, INC
 ADDRESS 4445 So. PARKWAY
 SIGNATURE Fred Hawes LICENSE NUMBER 1228

24. Recorded for filing on AUG 26 1961 (Signed) Samuel L. Andelman, M.D. LOCAL REGISTRAR

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Document is NOT VALID
 the Lake County Recorder's Office

Blodgett Flower
 June 16, 1969
 45-290-11
 LINCOLN MANOR L.11 Bl.1
 47-399-11
 Wildwood Sub. W.15ct L.10
 E.45ct L.11
 STATE OF ILLINOIS } SS
 COUNTY OF COOK }
 CITY OF CHICAGO }

I, Morgan J. O'Connell, 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.

FILED
 NOV 10 1970
 Morgan J. O'Connell
 LOCAL REGISTRAR

BOARD OF HEALTH - CITY OF CHICAGO
 AUDITOR LAKE COUNTY