

CERTIFIED COPY OF A DEATH RECORD

Una J. McHenry  
1333 Remond Blvd  
Rocky, Ill. 60447

670465

Unit 25  
Reg 48-364-23

Forest Park Add 500 Blk 5

REGISTRATION DISTRICT NO. 16.92  
REGISTERED NUMBER 683

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME: THOMAS R JEFFERSON  
SEX: MALE  
DATE OF DEATH: MAY 21, 1974

FACE: NEGRO  
AGE: 69  
DATE OF BIRTH: SEPT 23, 1904  
PLACE OF DEATH: COOK COUNTY

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: PROVISO TOWNSHIP  
HOSPITAL OR OTHER INSTITUTION—NAME: VETERANS ADM., HINES, ILL. 60471

BIRTHPLACE: TEXAS  
CITIZEN OF WHAT COUNTRY: USA  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED  
NAME OF SURVIVING SPOUSE: ESTELLE TURNER

SOCIAL SECURITY NUMBER: 306 09 88 95  
USUAL OCCUPATION: ATTENDANT  
KIND OF BUSINESS OR INDUSTRY: STEEL IND.  
U.S. WAR VETERAN (YES/NO): YES  
YEAR OR DATES OF SERVICE: WWII

RESIDENCE: INDIANA, LAKE GARY  
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: LAKE GARY  
INSIDE CITY (YES/NO): YES  
STREET AND NUMBER: 1576 FILLMORE

FATHER—NAME: WARREN C. JEFFERSON  
MOTHER—MAIDEN NAME: TINA PAYNE

INFORMANT'S SIGNATURE: [Signature]  
RELATIONSHIP: HOSPITAL RECORDS  
MAILING ADDRESS: VETERANS ADM., HINES, ILL. 60471

1. CAUSE OF DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE: (a) Bronchopneumonia, Bilateral.  
DUE TO OR AS A CONSEQUENCE OF: (b) - (c) -

2. WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE:  
3. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):  
4. DATE OF OPERATION, IF ANY: - MAJOR FINDINGS OF OPERATION: -

20a. I ATTENDED THE DECEASED FROM: March 12, 1974  
20b. TO: May 21, 1974  
20c. AND LAST SAW HIM/HER ALIVE ON: May 21, 1974  
20d. HOUR OF DEATH: 7:15 P.M.

FILED

JUN 1 1974

FILED  
SOUTHERN LAKE COUNTY

WILLIAM BIELSKI  
RECORDED  
JUN 2 2 38 PM '74

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.

SIGNATURE: Thomas D. Dale  
DATE SIGNED: May 22, 1974  
ILLINOIS LICENSE NUMBER: 36-34233

MAILING ADDRESS—CERTIFIER: VETERANS ADM., HINES, ILL. 60471

BURIAL OR CREMATION: CEMETERY OR CREMATORY—NAME: Oak Hill  
LOCATION: Gary, Indiana  
DATE: May 25, 1974

FUNERAL HOME: Suburban Funeral Home 301 S. Fifth Ave. Maywood, Ill. 60153

FUNERAL DIRECTOR'S SIGNATURE: A. Sbarbaro  
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 643

LOCAL REGISTRAR'S SIGNATURE: [Signature]  
DATE REC'D BY LOCAL REGISTRAR: May 22, 1974

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named herein 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: JUN 7 1974  
SIGNED: [Signature]  
AT: Forest Park, 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.