

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER **620682**

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

DECEASED—NAME **PECOLA WILSON** SEX **FEMALE** DATE OF DEATH **JULY 28, 1973**

RACE **NEGRO** AGE **58** DATE OF BIRTH **11/22/1914** PLACE OF DEATH **Cook**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION—NAME **COOK COUNTY HOSPITAL**

BIRTHPLACE **Mississippi** CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, OR SEPARATED **MARRIED** NAME OF SURVIVING SPOUSE **Melvin Wilson**

SOCIAL SECURITY NUMBER **12415-24-5659** USUAL OCCUPATION **Housewife** KIND OF BUSINESS OR INDUSTRY **At Home** U.S. WAR VETERAN **No** WAR OR DATES OF SERVICE

RESIDENCE STATE **ILLINOIS** COUNTY **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY **YES** STREET AND NUMBER **7134 UNIVERSITY**

FATHER—NAME **Jeff Wilson** MOTHER—MADEN NAME **Anna Coles**

INFORMANT'S SIGNATURE **[Signature]** RELATIONSHIP **RECORDS** MAILING ADDRESS **COOK COUNTY HOSPITAL**

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

PART I. IMMEDIATE CAUSE

(a) **Cardiogenic shock, lactic acidosis**

(b) **Acute M.I. Diabetes (Acute myocardial infarction)**

(c)

PART II. OTHER SIGNIFICANT CONDITIONS

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

ATTENDED THE DECEASED FROM **7-27-73** AND LAST SAW HIM/HER ALIVE ON **7-28-73** HOUR OF DEATH **1230 A**

CERTIFY THAT TO THE BEST OF MY KNOWLEDGE: HIS DEATH OCCURRED 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 **Kumar A. H. V.** DATE SIGNED **7/28/73** ILLINOIS LICENSE NUMBER **606121**

MAILING ADDRESS—CERTIFIER **1835 W HARRISON ST. CHICAGO ILLINOIS 60619**

BURIAL CREMATION, REMOVAL (SPECIFY) **Burial** CEMETERY OR CREMATORY—NAME **Lincoln** LOCATION **Worth** CITY OR TOWN **Ill** DATE **8 2**

FUNERAL HOME NAME **A.R. Leak** STREET AND NUMBER OR R. F. D. **7838 S. Cottage Grove** CITY OR TOWN **Chicago** STATE **Ill** ZIP CODE **60619**

FUNERAL DIRECTOR'S SIGNATURE **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **4390**

LOCAL REGISTRAR'S SIGNATURE **[Signature]** CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 105 Concourse Level, Chicago 60602 DATE REC'D. BY LOCAL REGISTRAR **JUL 31 1973**

*David Wilson
E. St. Louis, Ill
62207*

Type or Print in PERMANENT INK on Federal Directory, Social Security, or Physician's Handbook for INSTRUCTIONS

LD13

DECEASED

**9896
700**

PARENTS

**H109 C
250 B**

CAUSE

FUNERAL

Stanley T. Kusper, Jr., County Clerk of the County of Cook, in the State of Illinois, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

STATE OF ILLINOIS, County of Cook
STANLEY T. KUSPER, JR., County Clerk

155-28
46-Add
25-Add
Oak Park Ill
July 28

Stanley T. Kusper, Jr.
County Clerk

STATE OF INDIANA/S.S. NO. [illegible]

KUMARATHA H. V.