11329

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER 816874

STATE OF ILLINOIS

STATE FILE NUMBER 620745

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME (FIRST, MIDDLE, LAST)	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Harold Norman Page	2. Male	3. July 27, 1972

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.)	AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH: COUNTY
4. White	5a. 75	5b.	5c.	6. June 24, 1897	7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	INSIDE CITY (YES/NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Chicago	7c. Yes	7d. Veterans Administration Research Hospital

BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. Maine	9. United States	10. Married	11. Jean Kowolski

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE
12. 322 05 83 56	13a. Laborer	13b. Maintenance	13c. Yes	13d. World War One

RESIDENCE: STATE	COUNTY	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	STREET AND NUMBER
14a. Indiana	14b. LAKE	14c. Cedar Lake	14d. Yes	14e. 7708 West 140th Place

FATHER—NAME (FIRST, MIDDLE, LAST)	MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)
15. Fritz Page	16. (UNAVAILABLE)

INFORMANT'S SIGNATURE	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. Shirley Campbell	17b. Hospital Records	17c. 333 East Huron Street, Chicago, Illinois 60611

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

PART I.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Carcinoma of right lung (Primary site)	One Month
DUE TO OR AS A CONSEQUENCE OF:	(b) Metastasis to the skin and liver	Two Months
DUE TO OR AS A CONSEQUENCE OF:	(c)	

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

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

AUTOPSY (YES/NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. NO	19b.

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION
20a.	20b.

I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	TO (MONTH, DAY, YEAR)	AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	HOUR OF DEATH
21a. June 23, 1972	21b. July 27, 1972	21c. July 27, 1972	21d. 10:25P 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	DATE SIGNED (MONTH, DAY, YEAR)	ILLINOIS LICENSE NUMBER
22a. R. Onyemeluke M.D.	22b. 7/28/72	22c. 36-44070

MAILING ADDRESS—CERTIFIER: STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
23. 332 East Huron Street	Chicago	Illinois	60611

BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY)	CEMETERY ~~OR CREMATORY~~ NAME	LOCATION: CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. SHAPEL LAWN	24c. SCHERERVILLE,	INDIANA	24d. 7-31-72.

FUNERAL HOME: NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
25a. GONSER-WILSON	10330 S. EWING AVE.	CHICAGO,	ILLINOIS.	60617.

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Leonard L. Nuccio	25c. 6815.

LOCAL REGISTRAR'S SIGNATURE	DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Conway C. Brown	26b. JUL 28 1972

IR 200 (1971r) — Illinois Department of Public Health - Office of Vital Records — (BASED ON 1968 U. S. STANDARD CERTIFICATE)

LAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE, IND. 46410
April 9, 1985

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., 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.

Lonnie C. Edwards M.D. M.P.A.
LOCAL REGISTRAR

FILED
AUG 22 1985
CRIMINAL COURT
CLERK'S OFFICE
CRIMINAL COURT OF COOK COUNTY

AUG 23 9 29 AM '85
RUDOLPH CLAY
RECORDER

STATE OF INDIANA
LAKE COUNTY
I HEREBY CERTIFY THAT THE WITHIN INSTRUMENT WAS FILED FOR RECORD

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH - CITY OF CHICAGO