

Certified Copy of a Death Record

830341

*Gladys A. Martin
of 45 N. Colorado
Hobart 46342*

REGISTRATION DISTRICT NO.	16.92		STATE OF ILLINOIS	
REGISTERED NUMBER	1100		MEDICAL CERTIFICATE OF DEATH	
DECEASED - NAME				
1. FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
HENRY	B.	MARTIN	2. MALE	3. AUGUST 9, 1985
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YRS)	UNDER YEAR UNDER DAY
4a. WHITE		4b. ENGLISH	5a. 65	5b. 5c.
CITY, TOWN, OR VILLAGE		TOWNSHIP	STREET NUMBER	DATE OF BIRTH (MO., DAY, YEAR)
PROVISO		TOWNSHIP		6. JULY 29, 1920
HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE FULL NAME)			IF HOSP. OR INST. INDICATE DOA OF EMER. RM. INPATIENT (SPECIFY)	
7c. VETERANS ADM. HINES, IL 60141			7d. INPATIENT	
STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. Tennessee		9. U.S.A.	10. MARRIED	11. GLADYS WAFFORD
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
12. 412 22 8442		13a. TRUCK DRIVER	13b. HOMEWOOD	13c. YES
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
14a. 445 North Colorado		14b. HOBART	14c. YES	14d. LAKE
FATHER - NAME		MOTHER - MAIDEN NAME	STATE	
15. JACK MARTIN		16. LULA GUTHRIE	14e. INDIANA	
INFORMANT NAME (TYPE OR PRINT)		HOSPITAL	MAIN ROOM NUMBER (STREET AND NO. OF BLDG., CITY, TOWN, STATE, ZIP)	
17a. JOHN C. DENNY		17b. RECORDS	17c. VETERANS ADM. HINES, IL 60141	
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
PART I. IMMEDIATE CAUSE				
(a) SQUAMOUS CELL CARCINOMA OF THE RIGHT LUNG WITH METASTASES TO BONE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(b) DUE TO OR AS A CONSEQUENCE OF:			UNKNOWN	
(c) DUE TO OR AS A CONSEQUENCE OF:				
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				
DATE OF OPERATION, IF ANY			MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)
20a.			20b.	19a. No
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			19b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)		HOUR OF DEATH
21a. NO		21b. NO		21c. 2:00 A.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				
22a. SIGNATURE			DATE SIGNED (MO., DAY, YR.)	
[Signature]			22b. AUGUST 9, 1985	
NAME AND ADDRESS OF CERTIFIER			ILLINOIS LICENSE NUMBER	
22c. VETERANS ADM. HINES, IL 60141 J. CUMMINGS, M.D.			22d. 36-43034	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME	LOCATION	DATE (MONTH, DAY, YEAR)
24a. BURIAL		24b. CALVARY	24c. PORTAGE INDIANA	24d. AUG 12, 1986
FUNERAL HOME		NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN
25a. ALL-CHICAGO MORTUARY		SEA 9669 ALLEN	ROSE MONT	ILL 60018
FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. [Signature]			25c. 8487	
LOCAL REGISTRAR'S SIGNATURE			DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. [Signature]			26b. August 9, 1985	

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

11
 9/8/85
 #117-163-11
 17801st
 17801st

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE AUG 13 1985 FILED NOV 25 1985 SIGNED [Signature] LOCAL REGISTRAR OF VITAL STATISTICS
 AT FOREST PARK ILLINOIS 60130 Illinois OFFICIAL TITLE

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, local registrar or county clerk shall be prima facie evidence of the facts therein stated.