1. Archie | Lanford | Phillips | 2. Male | 3. November 10, 1976

4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): Negro | 5a. AGE (YRS.): 59 | 5b. UNDER 1 YEAR: MOS. / DAYS | 5c. UNDER 1 DAY: HOURS / MIN. | 6. DATE OF BIRTH (MONTH, DAY, YEAR): April 26 1917 | 7a. PLACE OF DEATH: COUNTY: Cook

7b. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Chicago | 7c. INSIDE CITY LIMITS (YES/NO): Yes | 7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Northwestern Memorial Hospital-Prentice

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma | 9. CITIZEN OF WHAT COUNTRY: U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married | 11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Daisy Last Known

12. SOCIAL SECURITY NUMBER: 266O5-7605 | 13a. USUAL OCCUPATION: Retired Labor | 13b. KIND OF BUSINESS OR INDUSTRY: Steel Mill | 13c. U.S. WAR VETERAN (YES/NO): NO | 13d. WAR OR DATES OF SERVICE:

14a. RESIDENCE—STATE: Indiana | 14b. COUNTY: Lake | 14c. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Gary | 14d. INSIDE CITY LIMITS (YES/NO): Yes | 14e. STREET AND NUMBER: 4139 W. 19th Plaza

15. FATHER—NAME (FIRST, MIDDLE, LAST): David Phillips | 16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Abalene

17a. INFORMANT'S SIGNATURE: [signature] | 17b. RELATIONSHIP: Medical Record | 17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): 303 E. Superior, Chicago, Illinois, 60611

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

PART I. IMMEDIATE CAUSE: (a) Chronic Lymphocytic Leukimia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO OR AS A CONSEQUENCE OF: (b)
DUE TO OR AS A CONSEQUENCE OF: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | 19a. AUTOPSY (YES/NO): No | 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

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

21a. I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): November 5, 1976 | 21b. TO (MONTH, DAY, YEAR): November 10, 1976 | 21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): November 9, 1976 | 21d. HOUR OF DEATH: 2:30 A. 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.

22a. SIGNATURE: [signature] | 22b. DATE SIGNED (MONTH, DAY, YEAR): November 10, 1976 | 22c. ILLINOIS LICENSE NUMBER: 45092

23. MAILING ADDRESS—CERTIFIER (STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP): 333 E. Huron, Chicago, Illinois, 60611

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | 24b. CEMETERY OR CREMATORY—NAME: Fern Oaks | 24c. LOCATION—CITY OR TOWN, STATE: Griffith Indiana | 24d. DATE (MONTH, DAY, YEAR): 11-13-76

25a. FUNERAL HOME—NAME, STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP: Barker's Mortuary 8801 Stony Island Chicago Ill 60617

25b. FUNERAL DIRECTOR'S SIGNATURE: [signature] | 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 5496

26a. LOCAL REGISTRAR'S SIGNATURE: Murray C. Brown | CHICAGO BOARD OF HEALTH, Chicago Civic Center, Room 105, Concourse Level, Chicago 60602 | 26b. DATE REC. D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): NOV 12 1976

VR-290 (1972r) Illinois Department of Public Health, Office of Vital Records — BASED ON 1968 U.S. STANDARD CERTIFICATE

954686

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO } SS

I, Murray C. Brown, 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 as 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.

BOARD OF HEALTH—CITY OF CHICAGO
MURRAY C. BROWN M.D.
LOCAL REGISTRAR

STATE OF ILLINOIS
COUNTY OF LAKE
FILED FOR RECORD
DEC 1 1976
18 PM 1976
RECORDER

Marilynn Lee
Rt 94 Bl 4
#47-4404

Harry Lee
Robert Lee
2148 W 11th Ave
Gary
4404

MARKHAM 1ST AVE.
47-4404-24