

882 SEPT. 78

Key# 41-211-6 Broadway Realty + Inv. Co's Add.
L. 74 L. 8 B. 43
STATE OF ILLINOIS

STATE FILE NUMBER 621010

REGISTRATION DISTRICT NO. 168
REGISTERED NUMBER

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DECEASED - NAME: **HIZZIE HUDSON** SEX: **2. MALE** DATE OF DEATH: **3. SEPT. 21-1978**

1. RACE - **4. NEGRO** ORIGIN OR DESCENT: **AMERICAN** AGE - LAST BIRTHDAY (YRS): **5a. 76** UNDER 1 YEAR: **5b.** UNDER 1 DAY: **5c.** DATE OF BIRTH (MO. DAY, YEAR): **6. MAR. 25, 1902** COUNTY OF DEATH: **7a. Cook**

7b. **CHICAGO** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **7c. JACKSON PARK HOSPITAL** IF HOSP OR INST INDICATE DOA, OF EMER, OR INPATIENT (SPECIFY): **7d. D.O.A.**

8. **MISSISSIPPI** CITIZEN OF WHAT COUNTRY: **9. U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **10. MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **11. REBECCA JORDAN**

12. **322-03-6871** SOCIAL SECURITY NUMBER USUAL OCCUPATION: **13. C.L.E.R.G.Y.** KIND OF BUSINESS OR INDUSTRY: **13b. MINISTRY** U.S. WAR VETERAN (YES/NO): **13c. NO** WAR OR DATES OF SERVICE: **13d. NONE**

14a. **8417 So. VERNON** RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **14b. CHICAGO** INSIDE CITY (YES/NO): **14c. YES** COUNTY: **14d. COOK** STATE: **14e. ILLINOIS**

FATHER - NAME: **15. HORACE HUDSON** MOTHER - MAIDEN NAME: **16. WILLIE MURRAY**

17a. **Rebecca Hudson** INFORMANT'S SIGNATURE RELATIONSHIP: **17b. WIFE** MAILING ADDRESS (STREET AND NO OR R. F. D., CITY OR TOWN, STATE, ZIP): **17c. 8417 So. VERNON, CHICAGO, ILL.**

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]
PART I. IMMEDIATE CAUSE
(a) **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.
(b) _____
(c) _____

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

20a. **NATURAL** ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR): **20b.** HOUR: **20c. M.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18): **20d.**

20e. INJURY AT WORK (YES/NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY): **20f.** LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD DIST. NO., COUNTY, STATE): **20g.**

21. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT...
21a. **Robert J. Stein, M.D.** MEDICAL EXAMINER'S SIGNATURE THE DECEDENT WAS PRONOUNCED DEAD ON: **21b. SEPT. 21-1978** AT: **21c. 10:45 AM**

22. **DR. EUPIL CHOI M.D.** BURIAL, CREMATION, REMOVAL (SPECIFY): **24a. BURIAL** CEMETERY OR CREMATORY - NAME: **24b. OAK WOOD** LOCATION: **24c. CHICAGO, ILLINOIS** DATE (MONTH, DAY, YEAR): **24d. 9-28-78**

25a. **GOLDEN GATE 2036 W. 79th ST. CHICAGO, ILLINOIS 60620** FUNERAL HOME NAME: STREET AND NUMBER OR R.F.D.: CITY OR TOWN: STATE: ZIP: **25b. Murray E. Edwards** FUNERAL DIRECTOR'S SIGNATURE: **25c. 31-6987** FUNERAL DIRECTOR ILLINOIS LICENSE NUMBER

26a. **Murray E. Brown** LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. SEP 25 1978**

September 8, 1988

ILLINOIS
COUNTY OF COOK 55
CITY OF CHICAGO

L. LOMBE C. EDWARDS M.D. M.P.H., 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.

FILED

SEP 9 1988

Anna N. Anton

AUDITOR LAKE COUNTY
LOCAL REGISTRAR

STATE OF INDIANA / S.S. N. LAKE COUNTY
FILED FOR RECORD
LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA

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

DEPARTMENT OF HEALTH - CITY OF CHICAGO