

REGISTRATION DISTRICT NO. 16.10997517

STATE OF ILLINOIS

STATE FILE NUMBER

617154

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

BEN

ARMSTEAD

2. MALE

3. AUGUST 24, 1988

4. RACE—(WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 5a. AGE—(MONTHS) 68 5b. NUMBER OF YEARS 5c. NUMBER OF DAYS DATE OF BIRTH (MONTH, DAY, YEAR) 7a. COUNTY OF DEATH

4.1. BLACK

5a. AMERICAN

5b. 68

5c.

5d.

5e.

January 30, 1920

7a. Cook

6. CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER 7. HOSPITAL OR OTHER INSTITUTION—NAME, IF NOT IN FLAT, GIVE IF HOSP. OR INST. INDICATE DOA OR PATIENT AL. INPATIENT

Chicago

VETERANS ADMINISTRATION

LAKEVIEW MEDICAL CENTER

AL. INPATIENT

8. STATE OF BIRTH (IF NOT U.S.A. RACE AND COUNTRY) 9. CITIZEN OF WHAT COUNTRY 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. ALABAMA

9. UNITED STATES

10. MARRIED

11. PARALEE FREEMAN

12. SOCIAL SECURITY NUMBER 13. USUAL OCCUPATION 13a. KIND OF BUSINESS OR INDUSTRY 13b. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 13c. YES 13d. NO 13e. WAR OR DATES OF SERVICE

12. 423 24 9022

13. LABORER

13a. GENERAL

13b. YES

13c. WORLD WAR II

14. RESIDENCE STREET AND NUMBER CITY, TOWN, VILLAGE OR ROAD DISTRICT NO. (INSIDE CITY YES/NO) COUNTY STATE

14. 2617 E 22th Avenue

14. Gary

14. Yes

14. LAKE

14. ILLINOIS

15. FATHER—NAME FIRST MIDDLE LAST 16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. CHARLES

15. ARMSTEAD

16. NELSON

16. MARY LOU ARMSTEAD

17. INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17. CHARNELL WASHINGTON

RECORDS

1733 EAST HURON STREET CHICAGO, ILLINOIS

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

PART I. IMMEDIATE CAUSE

101. RESPIRATORY ARREST

101. DUE TO OR AS A CONSEQUENCE OF:

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

102. METASTATIC CARCINOMA

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

20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20a. 20b. 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

21. VA 8/24/88 21c. 12:30 P. M.

22. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. DATE SIGNED (MONTH, DAY, YEAR)

22. DONALD S. MILLER M.D. 22b. 8/24/88

22c. VETERANS ADMINISTRATION LAKESIDE MEDICAL CENTER 22d. ILLINOIS LICENSE NUMBER

22c. 333 E Huron Street Chicago, Illinois 60611 22d. T-021926

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.

24. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial 24b. CEMETERY OR CREMATORY—NAME 24c. LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Burial 24b. Oak Hill 24c. Gary, Indiana 24d. Aug. 29, 1988

25. FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25. Evans Funeral Home Ltd. 6451-59 South Ashland Ave. Chicago, Ill. 60636

25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. 25c. 7858

26. LOCAL REGISTRAR'S SIGNATURE 26a. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. 26b. AUG 25 1988

2617 E 22nd Ave. Gary
Paralee Freeman
August 25, 1988.STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGOI, 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.STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD
SEP 15 10 42 AM '88
WILLIAM A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46308Key 76-550-1
Marshalltown Iowa
L. 17 Bl 4THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED
FILED

SEP 15 1988

Auditor N. Anton
AUDITOR LAKE COUNTY