

REGISTRATION DISTRICT NO. *16.10* 084106

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

624378

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
William E. McBride 2 Male 3 December 16, 1989

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)
Cook 5a. 71 5b. 5c. 5d. JUNE 22 1918

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER GIVE STREET AND NUMBER) IF HOSP OR INST INDICATE DOA (CAPEMER FOR INPATIENT) (SPECIFY)
6a. Chicago 6b. Michael Reese Hospital 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS RELEASED FROM INSTITUTION (SPECIFY)
7. GREENWOOD, MS 8a. WIDOWED 8b. 9. NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SCHOOL, COLLEGE, UNIV, MILITARY, COMPLETED) (MONTH YEAR, STARTING TO) (MONTH YEAR, COMPLETED)
10. 508-01-4124 11a. WAITER 11b. RAILROAD 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 9705 S. Oglesby 13b. Chicago 13c. YES 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK 14b. LINO (YES) SPECIFY: 14c. MOTHER'S NAME (FIRST MIDDLE LAST) 14d. UNAVAILABLE

FATHER-NAME FIRST MIDDLE LAST 15. UNAVAILABLE

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR P.O. CITY OR TOWN STATE ZIP)
17a. CAROL DAVIS 17b. DAUGHTER 17c. 9705 S Oglesby Chicago Illinois

18. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause unless both are appropriate. Immediate Cause (Final disease or condition resulting in death) (a) Acute Myocardial Infarction Days (b) Coronary Artery Disease Years (c) Hypertension Years

PART II. Other significant contributing conditions leading to death but not resulting in the underlying cause given in PART I.

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

I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/LER ALIVE ON
21a. I Did December 16, 1989

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE 22b. December 18, 1989

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. John Farmer, M.D. Lake Shore Drive at 31st Street Chicago Illinois 60616 22d. 36-51413

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 CITY OR TOWN STATE DATE (MONTH DAY YEAR)
24a. BURIAL 24b. LOCAL 24c. OMAHA NEBRASKA 24d. December 23 1989

FUNERAL HOME NAME STREET AND NUMBER (OR P.O.) CITY OR TOWN STATE ZIP
25a. TAYLOR FUNERAL HOME LTD 63 E 79th St Chicago Illinois 60619

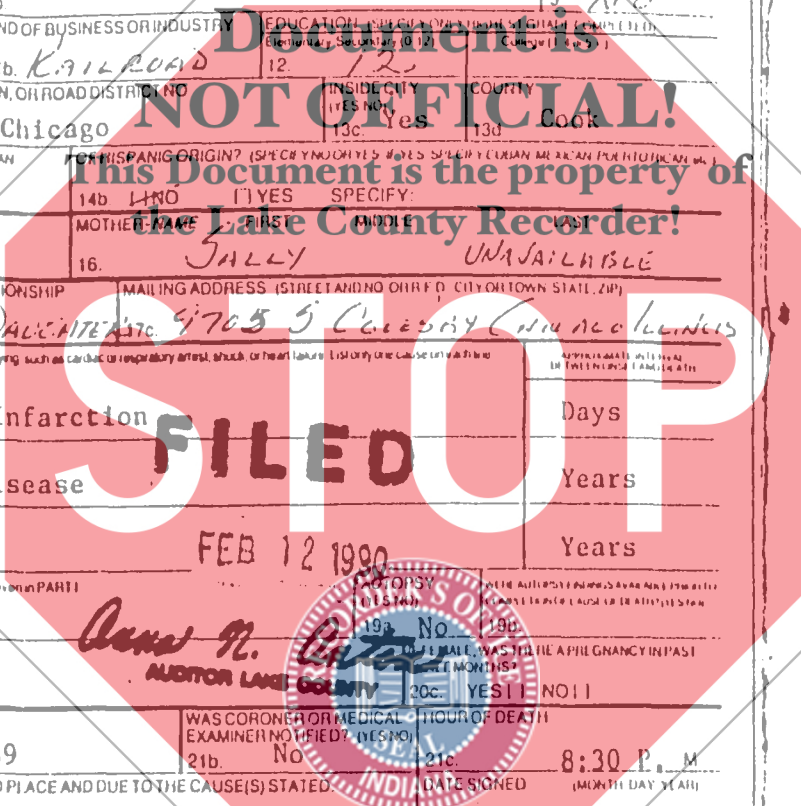
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. 25c. 7410

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
26a. James W. Masterson M.P.H. 26b. DEC 20 1989

Ronald Davis
1027 Benton Dr E
Chicago, IL 60616
JAN 7 1990

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., ACTING 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.



DEPARTMENT OF HEALTH - CITY OF CHICAGO

STATE OF ILLINOIS
FEB 12 2 34 PM '90
ROBERT P. GREEN AND
RESOURCES



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

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