

**CERTIFIED COPY OF A DEATH RECORD**

*Jacobi L. Shroyshie  
4560 Blwy  
Bl. M 859 May 46401*

**91014724**

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE NUMBER

**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO.

REGISTERED NUMBER

**1008**

1. PLACE OF DEATH a. STATE <b>ILLINOIS</b>		b. COUNTY <b>COOK</b>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE <b>Indiana</b>		b. COUNTY <b>Lake</b>	
c. <input type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town				c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town <b>Gary</b>			
d. <input checked="" type="checkbox"/> OUTSIDE corporate limits and in Township: name... <b>PROVISO</b> Road: District No. ....		e. LENGTH OF STAY IN IC or LD <b>0-0-25</b>		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road: District No.....		e. LENGTH OF RESIDENCE AT 2c or 2d <b>Unknown</b>	
f. NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADM. HINES, ILL</b>		g. LENGTH OF STAY IN "H" <b>0-0-25</b>		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) <b>1737 West 21st Avenue</b>			
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office				g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (FIRST) <b>ED</b>			b. (MIDDLE)			c. (LAST) <b>SMITH, JR.</b>	
4. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>10 26 1962</b>		5. SEX <b>Male</b>		6. RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	
8. DATE OF BIRTH <b>8-5-1914</b>		9. AGE (in years last birthday) <b>48</b>		10. USUAL OCCUPATION <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steel industry</b>	
11. BIRTH PLACE (City and state or foreign country) <b>Hampton, Mississippi</b>		12. Citizen of what country? <b>USA</b>		13. FATHER'S FULL NAME <b>Ed Smith</b>		14. MOTHER'S FULL MAIDEN NAME <b>Bertha (mdn. nm. unkn.)</b>	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NUMBER <b>World War II remembered</b>		17. INFORMANT a. SIGNATURE <b>JENNINGS, Chief, Reg. Div.</b>		b. ADDRESS <b>Hospital records</b>	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE <b>Acute granulocytic leukemia.</b>		19. DATE OF OPERATION <b>MAR 28 1961</b>		20. AUTOPSY <b>NO</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION <b>Pulmonary abscess, right upper lobe. - Unknown</b>		19a. DATE OF OPERATION <b>Mar 28 1961</b>		19b. MAJOR FINDINGS OF OPERATION		STATE OF INDIANA'S S.S. No. FILED IN LAKE COUNTY RECORDS	
NOTE: If an injury was involved in this death, the Coroner must be notified.							
21. I hereby certify that I attended the deceased from <b>Oct. 1, 1962</b> , to <b>Oct. 26, 1962</b> , that I last saw the deceased on <b>Oct. 26, 1962</b> , and death occurred at <b>7:25 P.M.</b> , from the causes and on the date stated above.							
SIGNATURE <b>GLOUCESTER A. PRICE</b>		M.D.		LIC. No. <b>36-33503</b>		DATE <b>10-26-62</b>	
ADDRESS..... PHONE.....							
22. DISPOSITION: BURIAL, REMOVAL, CREMATION Date <b>10-30-62</b>				23. FUNERAL DIRECTOR <b>Smith &amp; Bizzell</b>			
CEMETERY <b>Local</b>		LOCATION <b>Gary, Ind.</b>		SIGNATURE <b>Esther Bizzell</b>		ADDRESS <b>2295 Washington St. Gary, Indiana</b>	
24. Received for filing on <b>October 26, 1962</b>		(Signed) <b>FRED J. ROSE</b>		FOREST PARK, ILLINOIS		LOCAL REGISTRAR	

*# 47-206-28 thru 32  
2nd and 3rd  
Rts 27 thru 32 Bl. 5  
Work Rk.*

**NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!  
**STOP**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE April 13, 1964 SIGNED *Fred J. Rose*  
AT FOREST PARK, Illinois. OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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 or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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