

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

91022006

STATE OF ILLINOIS

STATE FILE NUMBER 601474

MEDICAL CERTIFICATE OF DEATH

DECEASED NAME: FIRST MIDDLE LAST SCOTT THOMAS
SEX: MALE
DATE OF DEATH (MONTH, DAY, YEAR): JANUARY 18, 1990

COUNTY OF DEATH: Cook
AGE - LAST BIRTHDAY (YRS) MOS. DAYS: 58.82
UNDER 1 YEAR UNDER 1 DAY: 6b. 6c.
DATE OF BIRTH (MONTH, DAY, YEAR): September 1, 1907

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: 6a. Chicago
HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6b. JACKSON PARK HOSPITAL
IF HOSP. OR INST. INDICATE D.O.A. OR ELEMENTARY BIRTH (SPECIFY): 6c. INFANT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, Illinois
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Widowed
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b.
WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): 9. No

SOCIAL SECURITY NUMBER: 10. 357-07-7751
USUAL OCCUPATION: 11a. Mechanic
KIND OF BUSINESS OR INDUSTRY: 11b. Yellow Cab
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. College (1-4 or 6+)

RESIDENCE (STREET AND NUMBER): 13a. 8542 South Blackstone
CITY, TOWN, TWP, OR ROAD DISTRICT NO.: 13b. Chicago
INSIDE CITY: 13c. Cook
STATE: 13d. Illinois

ZIP CODE: 13e. 60617
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14a. Black
HISPANIC ORIGIN? (SPECIFY NO OR YES - YES, SPECIFY CUBAN, AMERICAN, PUERTO RICAN, etc.): 14b. No

FATHER NAME FIRST MIDDLE LAST: 15. Thomas J. Scott
MOTHER NAME FIRST MIDDLE LAST: 16. Lynn E. Colton

INFORMANT'S NAME (TYPE OR PRINT): 17a. Lynn E. Colton
RELATIONSHIP: 17b. Daughter
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c. 8542 S. Blackstone Chgo, IL

18. PART I. Enter the diseases, or complications 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 on each line.
Immediate Cause (Final disease or condition resulting in dec.): (a) multiple cerebral vascular accident
DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (c) coronary artery disease

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

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

1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 21a. January 18, 1990
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b. No
HOUR OF DEATH: 21c. 2:55A M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE: [Signature]
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 22b. C. TYSON, M.D. 7531 S. Stony Island Chicago, IL 60649

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 22c.
ILLINOIS LICENSE NUMBER: 22d. 036070618

23. BURLIAL, CREMATION, REMOVAL (SPECIFY): 24a. Cremation
CEMETERY/CREMATORY NAME: 24b. Oakland
LOCATION CITY OR TOWN STATE: 24c. Dolton, Illinois
DATE (MONTH, DAY, YEAR): 24d. 1/22/90

25a. Doty Nash Funeral Home, Ltd. 8620 S. Stony Island Chicago, IL. 60617
FUNERAL DIRECTOR'S SIGNATURE: 25b. [Signature]
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 6092

LOCAL REGISTRAR'S SIGNATURE: 26a. [Signature]
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. JAN 22 1990

26a. [Signature]
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. JAN 22 1990

26a. [Signature]
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. JAN 22 1990

Anthony Scott
2056 Crichton
Lang 46404

JAN 22 1990

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, JAMES W. MASTERTON, 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.

FILED

MAY 09 1991

Anna N. Anton
AUDITOR LAKE COUNTY



35500

DEPARTMENT OF HEALTH - CITY OF CHICAGO

STATE OF INDIANA, S. NO. FILED

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUF. SIGNATURE ARE AFFIXED

Oak Meadows h61
Key#49-439-31; unit#41

Resub. of 19 to 24 & 62 to 64. inc in Oak Meadow Subdiv. Ex 5. Pl. 12' lies w/in 150ft of center line of 27th Ave Key #49-450-12; unit#41