

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH 600616

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
1. **LOUIS P. KITTRELL** 2. **MALE** 3. **JANUARY 7, 1990**

COUNTY OF DEATH 4. **COOK 91055618** AGE - LAST BIRTHDAY (YRS) 5a. **70** UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MONTH DAY YEAR) 5d. **JANUARY 24, 1919**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. **CHICAGO** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b. **ST. JOSEPH HOSPITAL** 6c. **INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. **TENNESSE** MARRIED NEVER MARRIED, WIDOWED DIVORCED (SPECIFY) 8a. **WIDOWED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. WAS HE OR SHE DEAF OR BLIND? ANSWER IN CIRCLE YES OR NO 9. **Yes**

SOCIAL SECURITY NUMBER 10. **338-05-8260** 11a. **MAINTENANCE** KIND OF BUSINESS OR INDUSTRY 11b. **U.S. Govt.** EDUCATION (SPECIFY YEAR OR HIGH SCHOOL GRADUATE) 12. **12**

RESIDENCE (STREET AND NUMBER) 13a. **3307 TENNESSE ST** CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. **GARY** INSIDE CITY (YES OR NO) 13c. **Yes** COUNTY 13d. **La Salle**

FATHER-NAME FIRST MIDDLE LAST 15. **EDD KITTRELL** MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. **EUSA LONG**

INFORMANT'S NAME (TYPE OR PRINT) 17a. **NANCY WALBER** MAIL ADDRESS (STREET AND NUMBER AND CITY, TOWN, TWP. OR ROAD DISTRICT NO. AND STATE AND ZIP) 17b. **RECORDS 2900 N LAKE SHORE DR**

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. APPROXIMATE INTERVAL IN THE FORECAST (MONTHS)

Immediate Cause (Final disease or condition resulting in death): (a) **Syphilis** 1 DAY
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) **Pneumonia, bilateral** 1 DAY
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES OR NO) 19a. **NO** 19b. WERE AUTOPSY FINDINGS AVAILABLE (YES OR NO) COMPLETE OR PARTIAL (YES OR NO) 19c. **NO**

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

21a. DID NOT ATTEND THE DECEASED (MONTH DAY YEAR) AND LAST SAW HIM HER ALIVE ON **1-6-90** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES OR NO) 21b. **NO** HOUR OF DEATH 21c. **11:10 AM**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH DAY YEAR) 22b. **1-8-90**

22a. SIGNATURE **Richard C. Risner** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. **RICHARD C. RISNER, MD; 521 OAKTON, PARK RIDGE, IL 60060** ILLINOIS LICENSE NUMBER 22d. **036-076780**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. **BURIAL** CEMETERY OR CREMATORY-NAME 24b. **Sunset Memory Gardens** LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR) 24c. **Northbrook, Illinois Jan. 13, 1990**

FUNERAL HOME: NAME STREET AND NUMBER OR R.F.C. CITY OR TOWN STATE ZIP 25a. **Johnson's Funeral Home 409 W. North Ave., Chicago, Illinois 60660**

FUNERAL DIRECTOR'S SIGNATURE 25b. **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. **[Number]**

LOCAL REGISTRAR'S SIGNATURE 26a. **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26b. **JAN 10 1990**

26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)

26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)

Bessie M. Jaffer
JAN 10 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.

NOV 1 1 27 PM '90
ROBERT BORNHRELAND
RECORDER
ACTING LOCAL REGISTRAR

Showered about 11:30 AM 27 Jan 1990

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

FILED

JUL 16 1991

Anna N. Anton
AUDITOR LAKE COUNTY

608-A

DEPARTMENT OF HEALTH - CITY OF CHICAGO
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
VITAL RECORDS