

17H NO.

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER

93042619 STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER **613874**

STATE OF ILLINOIS **2249**  
 COUNTY OF COOK  
 CITY OF CHICAGO

602220

DEPARTMENT OF HEALTH - CITY OF CHICAGO

1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
**JAMES E. TRIPLETT 2. MALE 3. JULY 30, 1992**

4. COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
**COOK 5a. 69 5b. 5c. 5d. DECEMBER 19, 1922**

6a. 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 I O A OP/EMER RM. INPATIENT (SPECIFY)  
**CHICAGO 6b. VA LAKESIDE MEDICAL CENTER 6c. INPATIENT**

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES & NO)  
**7. KNOXBERG, MS. 8a. MARRIED 8b. ARTENSIA COLEMAN 9. YES**

10. SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Elementary, Secondary (0-12) College (1-4 or 5+))  
**10. 496 30 2379 11a. TRUCK DRIVER 11b. LUMBER 12. 12**

13a. RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
**13a. 2249 ELLSWORTH PLACE 13b. GARY 13c. YES 13d. INDIANA**

13e. STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY YES OR NO) IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
**13e. INDIANA 13f. 46404 14a. BLACK**

15. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST  
**15. WILLIE TRIPLETT 16. TERESSA LEGRONE**

17a. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)  
**17a. JESSE GARDNER 17b. RECORDS 17c. 333 E. HURON STREET 60611**

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. APPROXIMATE INTERVAL IN THE EVENT OF DEATH  
 (Immediate Cause (Final disease or condition resulting in death))  
 (a) **ELECTROMECHANICAL DISSOCIATION** 40 MINUTES  
 DUE TO, OR AS A CONSEQUENCE OF  
 (b) **PROBABLE RESPIRATORY ACIDOSIS**  
 DUE TO, OR AS A CONSEQUENCE OF  
 (c) **ASPIRATION**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I  
**CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

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

21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)  
**21a. 17/30/92**

21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
**21b. YES 21c. 3:10 AM**

22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) VA LAKESIDE MEDICAL CENTER  
**22a. 22b. 7/30/92**

22c. 333 E. HURON STREET CHICAGO, ILLINOIS 60611 ILLINOIS LICENSE NUMBER  
**22c. 22d. 125-25261**

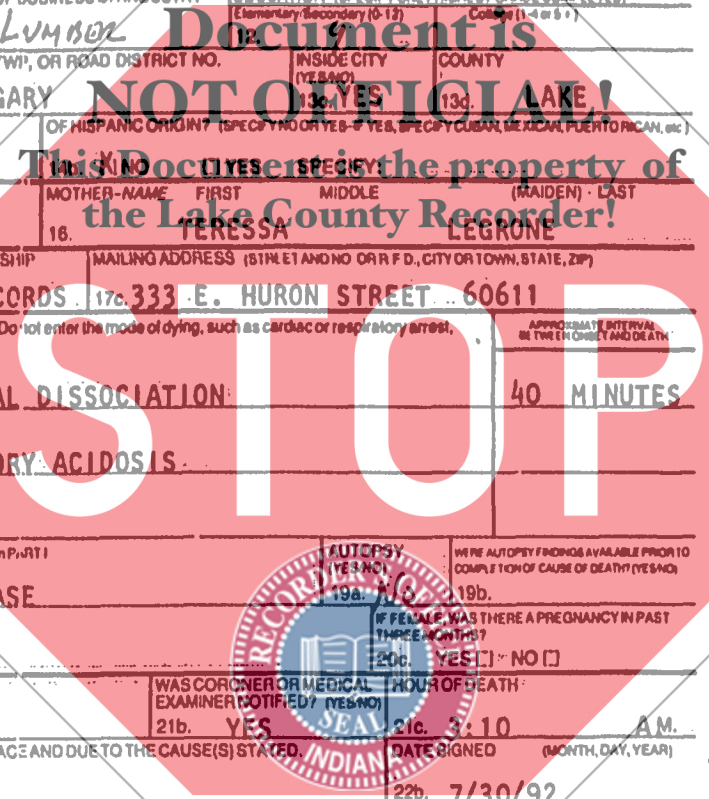
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.  
**23. 24. 25. 26.**

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
**24a. BURIAL 24b. EVERGREEN 24c. HOSART INDIANA 24d. August 4 1992**

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
**25a. TAYLOR FUNERAL HOME LTD 63 E 79th ST CHICAGO ILLINOIS 60619**

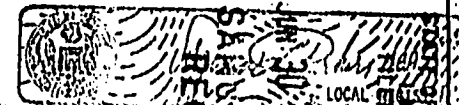
25b. FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
**25b. 25c. 034-010650**

26a. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
**26a. 26b. JUL 31 1992**



I, VIRGINIA L. PARKER, M.B.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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Fairmount Park Add  
 Lots 35, 36, 437  
 Block 5  
 Key # 43-5-35437; unit # 25



Artensia Triplett  
 2249 Ellsworth  
 Gary, IN 46408  
 THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

F I I R D

Ann N. Watson  
 AUDITOR LAKE COUNTY

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