

NO. REGISTRATION DISTRICT NO. REGISTERED NUMBER **16.10** STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH STATE FILE NUMBER **621778**

1. DECEASED-NAME **94026730** FIRST **D.** MIDDLE **JACKSON** LAST **MALE** SEX **9** DATE OF DEATH (MONTH, DAY, YEAR) **NOVEMBER 29, 1992**

2. COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (MONTH, DAY, YEAR) **5a 66** UNDER 1 YEAR **5b** UNDER 1 DAY **5c** DATE OF BIRTH (MONTH, DAY, YEAR) **5d FEBRUARY 2, 1926**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL, GROVE, INSTITUTION, NAME (IF NOT IN PHONE DIRECTORY) STREET AND NUMBER **6b VA LAKESIDE MEDICAL CENTER** HOSP. OR INST. INPATIENT, OUTPATIENT, OPER. RM. (PATIENT) (SPECIAL) **6c INPATIENT**

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **ARKANSAS** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIAL) **8b MARRIED** NAME OF SURVIVING SPOUSE (MARRIENAM, IF WIFE) **IDA DUNSON** WANTED TO ADVISE SURVIVOR (SPECIAL) **9 YES**

5. SOCIAL SECURITY NUMBER **312 28 9975** USUAL OCCUPATION **11a BAND REPAIR** KIND OF BUSINESS OR INDUSTRY **11b U.S.X.** EDUCATION (SPECIAL) **12 10**

6. RESIDENTIAL (STREET AND NUMBER) **13a 1610 OHIO STREET** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **GARY** RESIDENT CITY (YES/NO) **13c YES** COUNTY **LAKE**

7. STATE **INDIANA** ZIP CODE **13i 46407** RACE (WHITE, BLACK, OTHER) **14a BLACK** OF HISPANIC ORIGIN (SPECIAL) **14b X** YES SPECIFY

8. FATHER'S NAME FIRST MIDDLE LAST **WILL JACKSON** MOTHER'S NAME FIRST MIDDLE LAST **ROSE HENLEY**

9. INFORMANT (NAME, TYPE OR PRINT) **17a PORTIA McINTYRE** RELATIONSHIP **17b RECORDS** MAILING ADDRESS (STREET AND NUMBER) CITY OR TOWN STATE ZIP **17c 333 E. HURON STREET, 60611**

18. PART I. Enter the disease or condition that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head injury. List only one cause of death.

Immediate Cause of death (a) **PNEUMONIA** DAYS

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) **LYMPHOMA** YEARS

STATING THE UNDERLYING CAUSE LAST (c)

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

20. (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM HER ALIVE ON **VA 11/29/92** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **21b NO** HOUR OF DEATH **21c 11:30 A.M.**

21. 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 12/18/92**

22. SIGNATURE **S. Spiess MD.** NAME AND ADDRESS OF CERTIFIER **SUSANNAH E. SPIESS MD. VA LAKESIDE MEDICAL CENTER** ILLINOIS LICENSE NUMBER **22d T-024700**

22c. **333 E. HURON STREET, CHICAGO, ILLINOIS 60611** NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIAL) **24a BURIAL** CEMETERY OR CREMATORY, NAME **24b RIDGELAWN** LOCATION CITY OR TOWN STATE **24c GARY, IND** DATE (MONTH, DAY, YEAR) **24d DEC. 4, 1992**

24. FUNERAL HOME NAME STREET AND NUMBER (OR BOX) CITY OR TOWN STATE ZIP **25a BARKER'S MORTUARY INC. 9900 S. THROOP CHICAGO ILL 60643**

25. FUNERAL DIRECTOR'S SIGNATURE **25b** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034009009**

26. LOCAL REGISTRAR'S SIGNATURE **26a Virginia L. Parker** DATE OF BIRTH (MONTH, DAY, YEAR) **26b DEC 21 1992**

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO DEC 21 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.

Davis & Holmes 1st Sub
S 7ft Lot 3, Block 10
All Lot 4, Block 10
N 1ft Lot 5, Block 10
Key # 42-184-4
unit # 26



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEALS ARE AFFIXED.

FILED

DEC 8 1994

Anne M. Carter

600