

NO. REGISTRAR DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER 615681

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

AUG 23 1993

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.

97023039

97 APR 15 PM 2:15

DEPARTMENT OF HEALTH - CITY OF CHICAGO

REGISTERED NUMBER DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. JAMES A GRIFFIN 2. MALE 3. AUGUST 19, 1993

4. COOK COUNTY OF DEATH AGE-LAST BIRTH (DAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

5a. 07 5b. 5c. 6d. NOVEMBER 26, 1925 6a. CHICAGO 6b. VA LAKESIDE MEDICAL CENTER 6c. INPATIENT

7. MEMPHIS, TENN 8a. MARRIED 8b. MIDDLE ROBINSON 9. YES

10. 415-14-4694 11. MATRESS 12. 12 13. YES 13d. LAKE

13. 2038 WILLIAMS STREET 13a. GARY INDIANA 13b. YES 13c. YES 13d. LAKE

14. NO 14b. NO 14c. YES 14d. YES

15. JOSEPH GRIFFIN 16. LUCILLE ARMSTEAD

17a. PORTIA McINTYRE 17b. RECORD 17c. 333 E. HIRON STREET, CHICAGO, ILLINOIS 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, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) (a) LUNG CARCINOMA YEARS (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) YES 19a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. YES NO

21a. VA AUGUST 19, 1993 21b. NO 21c. 8:41 AM

22a. SIGNATURE MARK A WEINER, M.D. 22b. 8/20/93

22c. VA LAKESIDE MEDICAL CENTER, 333 E. HIRON STREET, CHICAGO 22d. 125-029640

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL 24b. EVER GREEN 24c. Hobart IND. 24d. 8/20/93

25a. BARKER Monty in w 9800 So. throo CHICAGO IL 60643 25b. 034009089

26a. Virginia L. Parker, M.B.A. 26b. AUG 23 1993

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Mellon Bank Loan Servicing Division P.O. Box 149 Pittsburgh PA 15206-149 9100 D. CK 603947774

