

504 N WAY ST 523 GARY ILL 60632
Maximilian Dittl

DEC 8 1997

STATE OF ILLINOIS } DAVID D. ORR. County Clerk
County of Cook }

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

784805

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

C-782

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

633851

1. DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
Benjamin Harris					2. Male	3. 12-14-73	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		5a. AGE—LAST BIRTHDAY (YRS.)		5b. UNDER YEAR	5c. UNDER DAY	6. DATE OF BIRTH (MONTH, DAY, YEAR)	
Negro		5a. 28		5b. MOB.	5c. DAYS	6. June 15, 1915	
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		7c. INSIDE CITY (YES/NO)		7d. HOSPITAL OR OTHER INSTITUTION—NAME			
Chicago		7c. Yes		7d. BILLINGS HOSPITAL			
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
8. Missouri		9. United States		10. Married		11. MEO LA TRESTOR	
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION		13b. KIND OF BUSINESS OR INDUSTRY		13c. U.S. WAR VETERAN (YES/NO)	
12. 425 34 8018		13a. PUMPFERMAN		13b. U.S. STEEL		13c. NO	
14a. RESIDENCE STATE		14b. COUNTY		14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		14d. STREET AND NUMBER	
14a. Indiana		14b. Lake		14c. Gary		14d. 1339 Willard Street	

15. FATHER—NAME		FIRST	MIDDLE	LAST	16. MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
Edmund Harris					MARTHA ROSS				
17a. INFORMANT'S SIGNATURE				17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)			
Mary Tucker				Hospital Records		17c. 950 East 59 Street, Chicago, Illinois 60637			

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) Cerebral insufficiency	minutes
(b) Metastatic Adenocarcinoma of unknown primary	6 months
(c)	

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO CAUSE GIVEN IN PART I (a)

DATE OF OPERATION, IF ANY: [] MAJOR FINDINGS OF OPERATION: SAMORLICH

20a. I ATTENDED THE DECEASED FROM:	(MONTH, DAY, YEAR)	20b. TO:	(MONTH, DAY, YEAR)	20c. HOUR OF DEATH
21a. December 6, 1973		21b. December 14, 1973		21d. 11:12 P.M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

22a. SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)	ILLINOIS LICENSE NUMBER
William P. Vaughan, M.D.	12/15/73	36-47741
23. MAILING ADDRESS—CERTIFIER	CITY OR TOWN	STATE
950 East 59 Street	Chicago	Illinois

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION	24d. DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. OAK HILL	24c. GARY INDIANA	24d. 12-20-73

25a. FUNERAL HOME	25b. FUNERAL DIRECTOR'S SIGNATURE	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
BARBERS BARBERS 8801 S. WILSON CHICAGO ILL 60617	[Signature]	5496

26a. LOCAL REGISTRAR'S SIGNATURE	CHICAGO BOARD OF HEALTH	DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
[Signature]	Chicago Civic Center, Room 105 Concourse Level, Chicago 60602	DEC 18 1973

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