

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

604296

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR

1. JEAN Sells Female Feb 19 1978

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE - LAST BIRTHDAY (YRS.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4a. Black American 48 0 Feb 20 1929 Cook

CITY, TOWN, TRF. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER ABOVE STREET AND NUMBER) FILE NO. IN PATIENT

7b. Chicago 7c. BIRNBAUM HOSPITAL 98 SEP 11

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)

8. ILLINOIS 9. USA 10. MARRIED 11. Cecil Sells

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES NO) WAR OR DATES OF SERVICE

12. 315-28-2189 13a. TEACHER 13b. SCHOOL 13c. No 13d.

RESIDENCE STREET AND NUMBER CITY, TOWN, TRF. OR ROAD DISTRICT NO. INSIDE CITY (YES NO) COUNTY STATE

14a. 2085 TAFT STREET 14b. GARY 14c. YES 14d. LAKE 14e. INDIANA

FATHER NAME FIRST MIDDLE LAST MOTHER (MAIDEN NAME) FIRST MIDDLE LAST

15. NATE Newell 16. MARY Jackson

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)

17a. Senora Richardson 17b. Records 17c. 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

PART I. IMMEDIATE CAUSE

(a) Orthocentral hemorrhage

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) Thrombocytopenia

(c) Acute myocardial infarction

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), OR (c)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. 20b.

I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) AND LAST SAW HIM HER ALIVE ON (MONTH, DAY, YEAR) HOUR OF DEATH

21a. Feb. 16, 1978 21b. Feb. 19, 1978 21c. Feb. 19, 1978 21d. 6:15 A.M.

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)

22a. SIGNATURE Philip Rowan 22b. Feb 19, 1978

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. Philip Rowanburg 950 EAST 59th STREET Chicago, Ill. 60637 22d. 36-5533

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

23. Eric LESTER

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Burial 24b. OAKHILL 24c. GARY INDIANA 24d. 2-23-78

FUNERAL HOME NAME STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP

25a. TAYLOR FUNERAL HOME 63 E 79th ST CHICAGO ILL. 60619

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. Charles B Taylor 25c. 6852

LOCAL REGISTRAR'S SIGNATURE CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602 DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. Gregory C. Brown 26b. FEB 21 1978

VR200 (REV. 7/81) Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

KEY NO. 25-46-0049-0027

May 2, 1983

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Hugo H. Muriel, M.D. 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.



This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE SIGNATURE Are
Affixed.

Return TO: 001035
ATTY. CLARENCE L. HOGAN
555 BROADWAY, NEWVILLE IN
46410

DEPARTMENT OF HEALTH CITY OF CHICAGO