

STATE OF ILLINOIS
County of Cook,

es. DAVID D. ORR. County Clerk

SEP 30 1998

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.

FILED

David D. Orr
County Clerk

APR 28 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE FILE
NUMBER

990017800
608311

REGISTRATION DISTRICT NO 16.10		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH	
DECEASED - NAME 1. MARION V. MCPHERSON		SEX 2. MALE	DATE OF DEATH 3. APRIL 27, 1982		
HAIR (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. BLACK	ORIGIN OR DESCENT 4b. MEXICAN	AGE (LAST BIRTHDAY) (Y: M: D) 5a. 74	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MO: DAY YEAR) 6. JULY 10, 1907
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 7c. V. A. WESTSIDE MEDICAL CENTER		IF HOSP OR INST. INDICATE DOA OF ENTRY, NO. INPATIENT (SPECIFY) 7d. INPATIENT	
STATE OF BIRTH (IF NOT IN U.S. & NAME COUNTRY) 8. LOUISIANA	CITIZEN OF WHAT COUNTRY 9. U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. NEVER MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11.	
SOCIAL SECURITY NUMBER 12. 014 18 2858	USUAL OCCUPATION 13a. LABORER	KIND OF BUSINESS OR INDUSTRY 13b. GENERAL		U.S. WAR VETERAN (YES/NO) 13c. YES	WAR OR DATES OF SERVICE 13d. WW II
RESIDENCE STREET AND NUMBER 14a. 2657 HARRISON STREET		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. GARY	INSIDE CITY (YES/NO) 14c. YES	COUNTY 14d. LAKE	STATE 14e. INDIANA
FATHER - NAME 15. ARCHIL MCPHERSON		MOTHER - MAIDEN NAME 16. LILLY GAGE			
INFORMANT'S SIGNATURE 17a. Wanda Scott		RELATIONSHIP 17b. DETAILS CLERK	MAILING ADDRESS (STREET AND NO. OR P.O. BOX OR TOWN, STATE, ZIP) 17c. P.O. BOX 8195, CHGO, IL 60680		
18. DEATH WAS CAUSED BY		PART I. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 26	
		(a) CARDIOPULMONARY ARREST			
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		(b) ADENOCARCINOMA OF THE LUNG			
		(c)			
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (Y/N) 19a. NO	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19b.	
I ATTENDED THE DECEASED FROM (MONTH, DAY YEAR) 21a. 1/16/82		TO (MONTH, DAY YEAR) 21b. 4/27/82		AND LAST SEEN ALIVE ON (MONTH, DAY YEAR) 21c. 4/27/82	HOUR OF DEATH 21d. 1:15 P. M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE 22a. Alice M. Greenburg, MD		DATE SIGNED (MONTH, DAY YEAR) 22b. 4/27/82	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. ALICE M. GREENBURG, M.D. 820 S. DAMEN AVE., CHICAGO, IL 60612		ILLINOIS LICENSE NUMBER 22d. 036-052805			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY NAME 24b. GARY Oak Hill	LOCATION 24c. GARY	CITY OR TOWN 24d. INDIANA	STATE	DATE (MONTH, DAY YEAR) 24e. APRIL 30 1982
FUNERAL HOME NAME 25a. TAYLOR FUNERAL HOME LTD.		STREET AND NUMBER OR P.O. BOX 25b. 63 E. 79th St.		CITY OR TOWN 25c. CHICAGO	STATE 25d. ILLINOIS
FUNERAL DIRECTOR'S SIGNATURE 25h. <i>Charles J. Taylor</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 6952			
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Henry...</i>		CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60607		DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY YEAR) 26b. APR 28 1982	

Sydney Ross-Baekmon 1561 Clark Rd Gary 46404 IN 90318

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