

10. REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS			STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			615865	
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
1. JAMES GRANT ROSS		2. MALE		3. SEPTEMBER 17, 1999		
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)		
4. COOK		5a. 78		5d. SEPTEMBER 16 1921		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OPER. RM. INPATIENT (SPECIFY)	
6a. CHICAGO		6b. THE UNIVERSITY OF CHICAGO HOSPITALS			6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (Maiden Name, if wife)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. MOUND BAYOU, MS		8a. DIVORCED		8b.		9. NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 312-28-9489		11a. FOUNDRY		11b. U.S. STEEL		12. 12TH
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY
13a. 578 BROADWAY APT. 506		13b. GARY		13c. YES		13d. LAKE
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. IN		13f. 146402		14a. BLACK		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST (Maiden)		
15. LOUIS ROSS		16. PEARLIE JOHNSON				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. MAYBLEINE GIGGERS		17b. HOSPITAL RECORDS		17c. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637		
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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) ACUTE GASTRIC EROSION / POSSIBLE PERFORATION				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(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)		WAS AUTOPSY PROGRAM AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
		19a. YES		19b. NO		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
21a. SEPTEMBER 17, 1999		21b. NO		21c. 6:11 AM		
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)		ILLINOIS LICENSE NUMBER		
22a. SIGNATURE James O. Park		22b. SEPTEMBER 17, 1999		22c. 125-037906		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF ANNUALITY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
22c. JAMES O. PARK, MD		23. VALLUVAN JEEVANANDAM, MD				
BURIAL, CREMATION, REINTERMENT (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)
24a. BURIAL		24b. EVERGREEN		24c. HOBART, IN		24d. 9-25-1999
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP				
25a. TRANSITIONAL CHAPEL		25b. 244 E. 138TH ST CHGO IL 60627				
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. Theresa M. Provel		25c. 034-015300				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED IN LOCAL REGISTRAR'S OFFICE (MONTH, DAY, YEAR)				
26a. Sheila Lyne		26b. SEP 22 1999				

Key # 47-40-42

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

Catherine Wright
932 Burr St.
GARY IN. 46706

SEP 22 1999

I, SHEILA LYNE, RSM, 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 ORDINANCE OF SAID LAW AND ORDINANCES.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

083199

Sheila Lyne RSM
LOCAL REGISTRAR

FILED
OCT 7 1999
RECORDED
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

THIS CERTIFICATE COPY VALID FOR MULTICOLOR SIGNATURE SEAL IS AFFIXED.

PETER BENJAMIN
LAKE COUNTY AUDITOR

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