

Certified Copy of a Death Record

Helen Gatlin
2442 Madison St
Gary, In 46407

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER 20005011995	MEDICAL CERTIFICATE OF DEATH 2000 FEB 22 PM 12:05			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1. Thomas Onette GATLIN		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 2, 1993	
	COUNTY OF DEATH 4. COOK	AGE-LAST BIRTHDAY (YHS) 5a. 71	UNDER 1 YEAR (MOS) DAYS HOURS MIN 5b.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. September 25, 1921	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP	HOSPITAL (NAME, STREET, CITY, STATE, ZIP CODE) 6b. VETERANS ADM. HINES, IL 60141	IF HOSP OR INST INDICATE U.O.A. OR EMER RM INPATIENT SPECIFY 6c. Inpatient		
	DECEASED 7. Fernwood, MS		8a. Married	8b. Helen Brooks	9 Yes
	SOCIAL SECURITY NUMBER 10. 314 03 3704		11a. Carrier	11b. postal worker	12. College (1-4 or 5+)
	RESIDENCE (STREET AND NUMBER) 13a. 2442 Madison		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Gary	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Lake
	STATE 13e. Indiana	ZIP CODE 13f. 46407	RACE (WHITE, BLACK, AMERICAN INDIAN, etc) (SPECIFY) 14a. Black	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc) 14b. X NO	
	FATHER-NAME FIRST MIDDLE LAST 15. Lee Catlin		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Geneva Dillon		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. David W. Litner		RELATIONSHIP 17b. Hospital Records	MAILING ADDRESS (STREET AND NO OR P.O. CITY OR TOWN, STATE, ZIP) 17c. VETERANS ADM. HINES, IL 60141	
	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) Sepsis (organism unknown).				24 Hours	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) 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. Esophageal Cancer. Chronic Obstructive Pulmonary Disease.					
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO []	
VA (DID) () ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM () ALIVE ON 21a. February 2, 1993		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No		HOUR OF DEATH 21c. 12:15 P. 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) 22b. February 2, 1993	
22a. SIGNATURE Edmond Schmulbach, MD		ILLINOIS LICENSE NUMBER 22d. 125-028806			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) VETERANS ADM. HINES, IL 60141		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. EVERGREEN CEMETERY	LOCATION CITY OR TOWN STATE 24c. Hobart IND	DATE (MONTH, DAY, YEAR) 24d. FEB -08 93	
DISPOSITION					
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Dr. Vriendt Funeral Home 2708 N Western Chicago Illinois 60647		FUNERAL DIRECTOR'S SIGNATURE 25b. Rubalia de la Torre			
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-09189		LOCAL REGISTRAR'S SIGNATURE 26a. Richard J. Bullis			
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. February 5, 1993					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **FEB 5 1993** SIGNED **Richard J. Bullis**

AT **BROADVIEW, IL 60153**, Illinois OFFICIAL TITLE **Local Registrar of Vital Statistics**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts.