

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		623133
DECEASED-NAME FIRST MIDDLE LAST 1 Margaret Marie 3 Smith	SEX 2 Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 December 9, 1995	
COUNTY OF DEATH 4 Cook	AGE-LAST BIRTHDAY (MM) DD 5a 58	UNDER 1 YEAR MOS DAYS 5b	UNDER 1 DAY HOURS MIN 5c
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a Chicago 064998	HOSPITAL OR OTHER INSTITUTION-NAME (PRINT) (STREET AND NUMBER) 6b Northwestern Memorial Hospital		IF HOSP. OR INST. INDICATE D.O.A. (GENERAL OR INPATIENT SPECIFY) 6c Inpatient
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Scottsboro, AL.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Willard Smith	WAS DECEASED EVER IN U.S. ARMED FORCES (YES/NO) 9 No
SOCIAL SECURITY NUMBER 10 331-28-2390	USUAL OCCUPATION 11a Machine Operator	KIND OF BUSINESS OR INDUSTRY 11b Chalmers	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 10
RESIDENCE (STREET AND NUMBER) 13a 8217 Wicker Park Drive	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b Highland	INSIDE CITY (YES/NO) 13c Yes	COUNTY 13d Lake
STATE 13e Indiana	ZIP CODE 13f 46322	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b X NO
FATHER-NAME FIRST MIDDLE LAST 15 George Marvin Gant	MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) 16 Sadie J. Gilliam	INFORMANT'S NAME (TYPE OR PRINT) 17a Shirley Jackson	
RELATIONSHIP 17b Medical Records		MAILING ADDRESS (STREET AND NO., TWP., CITY OR TOWN, STATE, ZIP) 17c 303 E. Superior Chicago, IL 60611	
18. PART I Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. APPROPRIATE INTERNAL OR EXTERNAL CAUSE(S) (SPECIFY)			
Immediate Cause (Final disease or condition resulting in death) (a) Ocular melanoma DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (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			
DATE OF OPERATION, IF ANY 20a	MAJOR FINDINGS OF OPERATION 20b		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a I did last attend alive/ 12-8-95		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b No	HOUR OF DEATH 21c 9:00 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 December 9, 1995	
SIGNATURE 22a John M. Shaw, M.D. 676 N. St. Clair Chicago, IL 60611		ILLINOIS LICENSE NUMBER 22d 36-42608	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NOTE: IF AN AMBULANCE WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial	CEMETERY OR CREMATORY-NAME 24b Skyline Mem. Park	LOCATION CITY OR TOWN STATE 24c Monee Illinois	DATE (MONTH, DAY, YEAR) 24d 12-13-95
FUNERAL HOME (NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE) 25a Kerr-Parzygnot Funeral Home 540 Dixie Hwy. Chicago Heights, Illinois 60411			
FUNERAL DIRECTOR'S SIGNATURE 25b Brian E. Fitzpatrick		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-011651	
LOCAL REGISTRAR'S SIGNATURE 26a Sheila Lyne RSW		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b DEC 12 1995	

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 12 1995

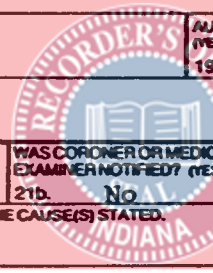
I, SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne
REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF HEALTH - CITY OF CHICAGO

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