

1. DECEASED NAME: JAMES TURNER
 2. SEX: MALE
 3. DATE OF BIRTH: FEBRUARY 11, 2000
 4. COUNTY OF DEATH: COOK
 5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO
 6. DATE OF DEATH: SEPTEMBER 20, 1922
 7. STATE OF ILLINOIS
 8. COUNTY OF COOK
 9. CITY OF CHICAGO

10. BIRTHPLACE: CHICAGO, ILLINOIS
 11. VENDOR: HOSPITAL CHICAGO NORTH
 12. NAME OF SURVIVING SPOUSE: Louise Williams
 13. KIND OF BUSINESS OR INDUSTRY: Universal Atoms
 14. EDUCATION: HIGH SCHOOL GRADUATE
 15. INSIDE CITY: YES
 16. COUNTY: Lake
 17. ZIP CODE: 60618

18. FATHER: Robert Turner
 19. MOTHER: Leader Smith
 20. RELATIONSHIP: Leader Smith
 21. ADDRESS: 2544 WEST MONTROSE AVENUE, CHICAGO, ILLINOIS 60618

22. IMMEDIATE CAUSE OF DEATH: RENAL FAILURE, GI BLEED, CORONARY ARTERY DUE TO OR AS A CONSEQUENCE OF DISEASE
 23. UNDERLYING CAUSE: DISEASE
 24. OTHER CAUSES: NONE

25. DATE OF OPERATION: NONE
 26. MAJOR FINDINGS OF OPERATION: NONE
 27. SIGNATURE OF CERTIFIER: [Signature]
 28. NAME AND ADDRESS OF CERTIFIER: [Address]

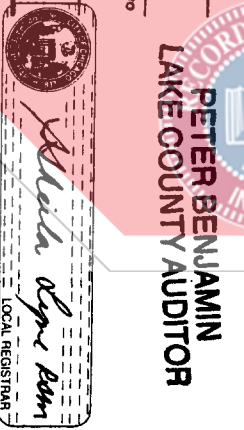
29. NAME OF ATTENDING PHYSICIAN: DR. ANIL KACHRU
 30. ADDRESS: 15TH @ CALIFORNIA CHICAGO ILLINOIS 60608
 31. SIGNATURE OF PHYSICIAN: [Signature]

32. BIRTHPLACE: CHICAGO, ILLINOIS
 33. CEMETERY OR CREMATORY: Oakland Memory
 34. LOCATION: Dolton, Illinois
 35. DATE: FEB 22, 2000

36. FURNERAL HOME: Robinson Funeral Service 8745 S. Commercial Chicago, Illinois
 37. FURNERAL DIRECTOR'S SIGNATURE: [Signature]
 38. LOCAL REGISTRAR'S SIGNATURE: [Signature]

39. LOCAL REGISTRAR'S SIGNATURE: [Signature]
 40. DATE: FEB 22, 2000

41. LOCAL REGISTRAR'S SIGNATURE: [Signature]
 42. DATE: FEB 22, 2000



CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

60543
 9/1/02