

REGISTRATION NO. **16.10**  
 DISTRICT NO. \_\_\_\_\_  
 REGISTERED NUMBER \_\_\_\_\_  
 DECEASED NAME **Adley M. Jackson** FIRST MIDDLE LAST  
 SEX **Female**  
 DATE OF DEATH (MONTH, DAY, YEAR) **November 23, 2000**  
 COUNTY OF DEATH **Cook** CITY OF DEATH **Chicago**  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **2002**  
 AGE - LAST BIRTHDAY (YRS) **77**  
 UNDER 1 YEAR **5d** UNDER 1 DAY **5c** DATE OF BIRTH (MONTH, DAY, YEAR) **August 7, 1923**  
 HOSPITAL OR INST. INDICATE D.O.A. (SPECIFY) **St. Joseph's Hospital**  
 HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT HOSPITAL OR INST.) (SPECIFY) **St. Joseph's Hospital**  
 MARIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed**  
 NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **Widowed**  
 SOCIAL SECURITY NUMBER **346-18-3707**  
 KIND OF BUSINESS OR INDUSTRY **Homemaker**  
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **9. NO**  
 INSIDE CITY (YES/NO) **Yes** COUNTY **Lake**  
 RESIDENCE (STREET AND NUMBER) **7417 W. 142nd Ave.** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **12**  
 ZIP CODE **46303** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **White**  
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO**  
 STATE **Indiana** **13a. Yes** **13b. Cedar Lake** **13c. Yes** **13d. Lake**  
 FATHER - NAME FIRST MIDDLE LAST **George W. Stevenson** MOTHER - NAME FIRST MIDDLE LAST **Mabel Baker**

15. **George W. Stevenson** RELATIONSHIP **Stevenson** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, OR TOWN, STATE, ZIP) **St. Elmer's Hospital, Chicago, IL**  
 16. **Mabel Baker** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, OR TOWN, STATE, ZIP) **St. Elmer's Hospital, Chicago, IL**

17a. **Jackie Smith** 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.  
 (a) **POD - Hodgkins Lymphoma**  
 (b) **Due to OR AS A CONSEQUENCE OF**  
 (c) **Due to OR AS A CONSEQUENCE OF**

18. IMMEDIATE CAUSE (Final disease or condition resulting in death)  
 19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **POD - Hodgkins Lymphoma**  
 (b) **Due to OR AS A CONSEQUENCE OF**  
 (c) **Due to OR AS A CONSEQUENCE OF**

20a. TIME OF OPERATION, IF ANY **20b.**  
 21a. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) **NO** WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**  
 21b. **NO** HOUR OF DEATH **7:43 P.M.**  
 21c. **NO** DATE SIGNED (MONTH, DAY, YEAR) **11/24/00**  
 22b. **NO** ILLINOIS LICENSE NUMBER **36-94995**

22a. SIGNATURE **Sheila Lynne RSM** (TYPE OR PRINT)  
 22c. NAME AND ADDRESS OF CERTIFIER **Ruth O'Regan** (TYPE OR PRINT) **2515 Huron Chicago**  
 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **60611**

23. BUREAU OF CREMATION, REMOVAL (SPECIFY) **24b. Calumet Park Cemetery** CEMETERY OR CREMATORY - NAME  
 24c. **Merrillville, Indiana** LOCATION CITY OR TOWN STATE  
 24d. **November 27, 2000** DATE (MONTH, DAY, YEAR)  
 25a. **Tews Funeral Home, Inc.** FUNERAL HOME NAME  
 18230 S. Dixie Hwy. Homewood, Illinois 60430  
 25b. **Sheila Lynne RSM** LOCAL REGISTRAR'S SIGNATURE  
 25c. **11635** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
 26a. **NOV 27 2000** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 26b. **NOV 27 2000** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26c. **NOV 27 2000** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 26d. **NOV 27 2000** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26e. **NOV 27 2000** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 26f. **NOV 27 2000** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
 NOV 27 2000

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 FOR THE CITY OF CHICAGO 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.

**RECEIVED**  
 MAY 07 2002  
 DENJAMIN  
 COUNTY AUDITOR

LOCAL REGISTRAR  
 Sheila Lynne RSM

COMMUNITY TITLE COMPANY  
 FILE NO **23302**

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Key # 25-121-29  
 Key # 25-7-39

CITY OF CHICAGO  
 DEPARTMENT OF PUBLIC HEALTH

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