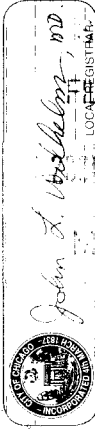


CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

KEY# 46-4-27
Emma Bolden

APR 30 2004



FILED

MAY 10 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

0000041

STATE FILE NUMBER
605810

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST WILLIAM MCKINLEY BOLDEN		SEX 2. MALE	DATE OF DEATH MONTH, DAY, YEAR 3. MARCH 27, 1999
CITY OF DEATH 4. COOK		DATE OF BIRTH MONTH, DAY, YEAR 5d. FEBRUARY 15, 1926	IF HOSP. OR INST. INDICATE D.O.A. OPHEMER, RM, INPATIENT (SPECIFY) 6c. INPATIENT
CITY, TWP, OR ROAD/DISTRICT NUMBER 6a. CHICAGO		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b. EMMA M. HEARD	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. MILWAUKEE WI		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-2 or 5+) 4	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. YES	
SOCIAL SECURITY NUMBER 10. 303 24 6353		KIND OF BUSINESS OR INDUSTRY 11a. SUPERVISOR	
RESIDENCE (STREET AND NUMBER) 13a. 2385 HENDRICKS		CITY, TWP, OR ROAD/DISTRICT NO. 11b. CITY OF GARY	
INSIDE CITY (YES/NO) 13c. NO		COUNTY 13d. LAKE	
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK		OF HIS PANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO	
FATHER-NAME FIRST MIDDLE LAST 15. WILLIAM BOLDEN		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST EMMA FULLER	
INFORMANT'S NAME (TYPE OR PRINT) 17a. VERONIKA BIENIAS		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 5645 W. ADDISON CHICAGO, IL. 60634	
RELATIONSHIP MEDICAL RECORDS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH days	
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) DUE TO, OR AS A CONSEQUENCE OF Acute pulmonary edema (b) DUE TO, OR AS A CONSEQUENCE OF Shock (c) DUE TO, OR AS A CONSEQUENCE OF Blood loss anemia		PART II. Other significant conditions contributing to death but not resulting in the underlying cause (when in PART I) Hypertension, nephrosclerosis, hypertensive heart disease	
DATE OF OPERATION, IF ANY 20a. 3/25/99		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON March 27, 1999		HOUR OF DEATH 21c. 1:00 PM	
21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED 22b. March 30, 1999	
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER M. Oken, MD, 5600 W. Addison Street, Suite 301, Chicago, IL, 60634		ILLINOIS LICENSE NUMBER 22d. 036-051346	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. CREMATION		DATE (MONTH, DAY, YEAR) 24d. MAR. 31, 1999	
CEMETERY OR CREMATORY-NAME 24b. OAK HILL CEMETERY		CITY OR TOWN INDIANA	
STREET AND NUMBER OR R.F.D. 25a. STEFFER FUNERAL SVC. 5745 CIRCLE DA. OAK LAWN ILLINOIS 60453		STATE ILLINOIS	
FUNERAL DIRECTOR'S SIGNATURE Lana E. F. Perfen		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-013263	
LOCAL REGISTRAR'S SIGNATURE Alma Lopez		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAR 30 1999	
26a. LOCAL REGISTRAR'S SIGNATURE		DATE (MONTH, DAY, YEAR)	