

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 99.0 REGISTERED NUMBER 21397

PERMANENT CERTIFICATE TEMPORARY CERTIFICATE

INSTRUCTIONS

DECEASED - NAME Michael T O'Donnell

COUNTY OF DEATH Will County

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 564 Third Street

BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY Chicago Illinois

RESIDENCE (STREET AND NUMBER) 342-36-1280

STATE Illinois

FATHER - NAME Hugh O'Donnell

MOTHER - NAME Eileen O'Rourke

INFORMANT NAME (TYPE OR PRINT) Marie G. O'Donnell

RELATIONSHIP 17b Wife

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

USUAL OCCUPATION Heavy Equipment Operator

TRADE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White

DATE OF INJURY (MONTH, DAY, YEAR) 20b Sept. 8, 2004

HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20c Found with Self-inflicted Gunshot wound

LOCATION (CITY, VIL OR TOWN, OR TWP. OR RD. DIST. NO.; COUNTY, STATE) 20d Crete, Will County, Illinois

DATE OF DEATH (MONTH, DAY, YEAR) 23b 22b October 15, 2004

CITY OR TOWN STATE ZIP 24d Glenwood, Illinois 24e 9/14/04

DATE OF DEATH (MONTH, DAY, YEAR) 25c 034-014437

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) OCT 15 2004

DATE OCT 18 2004

SIGNED James E Zelbo

REGISTRAR

OFFICIAL TITLE

AT JOLIET, ILLINOIS 60433

DATE OCT 18 2004

SIGNED

DATE OCT 18 2004

ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS VITAL RECORDS ACT

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

Department of Public Health, local registrar or county clerk, shall be prima facie evidence in all courts and places of the facts therein stated.

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

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

RECORDS SECTION

CAUSE

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(a) Gunshot wound to the chest

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

Immediate Cause (Final disease or condition resulting in death)

Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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