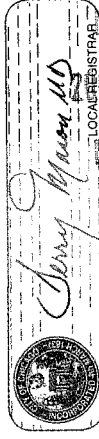


**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



FILED

JUN 11 2007

PEGGY GUYTON, JNA
LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

021417

key # (27) 17-38-15

STATE OF ILLINOIS

REGISTERED DISTRICT NO. 16.10

STATE FILE NUMBER 66939

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 08 2006

I, TERRY MASON M.D., 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

07 047262

DECEASED-NAME FIRST MIDDLE LAST VINCENT R. BOYD JR.		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 5, 2006
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MARCH 16, 1918	IF HOSP. OR INST. INDICATE D.O.A. OR OTHER, P.M. INPATIENT (SPECIFY) 6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. HOBART, IND.		AGE-LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. 5a. 88	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. NONE	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+) 12. 12
SOCIAL SECURITY NUMBER 10. 317-03-8489		KIND OF BUSINESS OR INDUSTRY 11a. OWNER	INSIDE CITY (YES/NO) 13c. YES
RESIDENCE (STREET AND NUMBER) 13a. 1660 W. 3RD STREET		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11b. CONSTRUCTION	COUNTY 13d. LAKE
STATE 13e. INDIANA		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. NO
FATHER-NAME FIRST MIDDLE LAST 15. VINCENT R. BOYD		MOTHER-NAME FIRST MIDDLE LAST 16. MARTHA ROSENBAUM	(MAIDEN) LAST
INFORMANT'S NAME (TYPE OR PRINT) 17a. MAYBLEINE GIGGERS		RELATIONSHIP 17b. RECORDS	STREET AND NO. OR P.O. BOX OR TOWN, STATE, ZIP) 17c. CHICAGO, ILLINOIS 60637
18. PART I. 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. Immediate Cause (Final disease or condition resulting in death) (a) LYMPHOMA CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. 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. DECEMBER 5, 2006		MAJOR FINDINGS OF OPERATION 20b. DECEASED	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
(DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. DECEMBER 5, 2006		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 8:20 P. M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
NAME AND ADDRESS OF CERTIFIER 22a. RAJIV SWAMY, MD		(TYPE OR PRINT) 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637	DATE SIGNED (MONTH, DAY, YEAR) 22b. DECEMBER 6, 2006
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 23. ELIZABETH RICH, MD		(TYPE OR PRINT)	ILLINOIS LICENSE NUMBER 22d. 125-048123
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. EVERGREEN MEMORIAL PARK	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
FURNERAL HOME 25a. MRAZEK & RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60647		LOCATION 24c. HOBART, INDIANA	DATE (MONTH, DAY, YEAR) 24d. 12-9-06
FURNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		CITY OR TOWN 25c. CHICAGO	STATE 25d. INDIANA
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014579	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. DEC 08 2006