

REGISTRATION DISTRICT NO. 16.10
 REGISTERED NUMBER

247

STATE OF ILLINOIS

STATE FILE NUMBER

618391

MEDICAL CERTIFICATE OF DEATH

June 19, 1984

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Jack A. Ellsworth 2. Male 3. July 12, 1974

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YRS.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) PLACE OF DEATH COUNTY

4. White 5a. 75 5b. 5c. 6. April 8, 1899 7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER INSIDE CITY (YES/NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

Chicago Yes 7d. Bethesda Hospital

BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. Illinois 9. U.S.A. 10. Married 11. Elsie Minnich

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE

12. 325-09-1025-A 13a. Carpenter 13b. Building Construction 13c. No 13d. None

RESIDENCE STATE COUNTY CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) STREET AND NUMBER

14a. Illinois 14b. Cook 14c. Chicago 14d. Yes 14e. 4805 1/2 N. Hermitage Ave.

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Joseph Ellsworth 16. Christina JAKNOWA

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17a. Thomas Math Med Rec 17b. 2151 Howard, Chicago, Ill 60645

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE

(a) FULMINATING RIGHT LOBAR PNEUMONIA 3 DAYS

(b)

(c)

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

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

ARTERIOSCLEROTIC SENILE BRAIN SYNDROME 19a. NO 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. 20b.

I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR) HOUR OF DEATH

21a. 2-23-74¹⁰ 21b. 7-12-74 21c. 7-12-74 21d. 4:30 P.M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) ILLINOIS LICENSE NUMBER

22a. Yako Senor 22b. 7-12-74 22c. 36-38433

MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

23. 2424 W. PETERSON CHICAGO ILL. 60659

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Burial 24b. Ridgewood 24c. DesPlaines, Illinois 24d. 7-15-74

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25a. John V. May Inc., 4553-61 Milwaukee Ave., Chicago, Illinois 60630

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

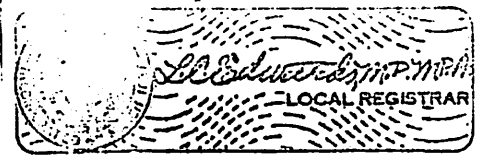
25b. [Signature] 25c. 6-500

LOCAL REGISTRAR'S SIGNATURE CHICAGO BOARD OF HEALTH DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. [Signature] 26b. JUL 15 1974

STATE OF ILLINOIS
 COUNTY OF COOK SS
 CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH - CITY OF CHICAGO