

MEDICAL CERTIFICATE OF DEATH

601445

1 DECEASED NAME: **James Tucker** MIDDLE: **Tucker** LAST: **Tucker** SEX: **Male** DATE OF DEATH: **January 22, 1996** (MONTH, DAY, YEAR)

2 COUNTY OF DEATH: **COOK** AGE - LAST BIRTHDAY (MOS. | DAYS | HOURS | MIN. | SEC.): **56 06 58 06 58** DATE OF BIRTH (MONTH, DAY, YEAR): **October 19, 1929**

3 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT WEATHER, GIVE STREET AND NUMBER): **Roseland Community Hospital** IF HOSP. OR INST. INDICATE D.O.A. OF EMER. INPATIENT (SPECIFY): **NO**

4 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY): **MARRIED** NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE): **MAE E. HARRIS** 6c. In-Patient: **NO**

5 SOCIAL SECURITY NUMBER: **10 358-16-4945** 11a. MACHINIST 11b. S STEEL 12. **2** EDUCATION (SPECIFY ON YHIGUEST GEODE COMP. EITD) (Elementary, Secondary (9-12), College (13 or 14)) **YES** INSIDE CITY (YES/NO): **YES** 13c. YES 13d. **COOK**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **COPTON PLANT, ARK** 8a. MARRIED 8b. MAE E. HARRIS 9. **NO** WAS DECEASED EVENTUALLY NAMED (YES/NO)

7a. RESIDENCE (STREET AND NUMBER): **11927 S. YALE** 11a. MACHINIST 11b. S STEEL 12. **2** EDUCATION (SPECIFY ON YHIGUEST GEODE COMP. EITD) (Elementary, Secondary (9-12), College (13 or 14)) **YES** INSIDE CITY (YES/NO): **YES** 13c. YES 13d. **COOK**

8a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **COPTON PLANT, ARK** 8a. MARRIED 8b. MAE E. HARRIS 9. **NO** WAS DECEASED EVENTUALLY NAMED (YES/NO)

9. **NO** WAS DECEASED EVENTUALLY NAMED (YES/NO)

10. **NO** WAS DECEASED EVENTUALLY NAMED (YES/NO)

11. **NO** WAS DECEASED EVENTUALLY NAMED (YES/NO)

12. **2** EDUCATION (SPECIFY ON YHIGUEST GEODE COMP. EITD) (Elementary, Secondary (9-12), College (13 or 14)) **YES** INSIDE CITY (YES/NO): **YES** 13c. YES 13d. **COOK**

13. **ILLINOIS** 13f. **60628** 14a. **BLACK** 14b. **X** NO 14c. YES 14d. **X** NO 14e. YES 14f. **VIOLA** 14g. **WILLIAMS**

15. **HENRY** 15a. **TUCKER** 15b. **VIOLA** 15c. **WILLIAMS**

16. **Wife** 16a. **VIOLA** 16b. **WILLIAMS**

17. **11927 S. YALE Chicago, IL 60628**

18. **Mae Tucker** 18a. **Wife** 18b. **VIOLA** 18c. **WILLIAMS**

19. **VIOLA** 19a. **WILLIAMS**

20. **VIOLA** 20a. **WILLIAMS**

21. **VIOLA** 21a. **WILLIAMS**

22. **VIOLA** 22a. **WILLIAMS**

23. **VIOLA** 23a. **WILLIAMS**

24. **VIOLA** 24a. **WILLIAMS**

25. **VIOLA** 25a. **WILLIAMS**

26. **VIOLA** 26a. **WILLIAMS**

27. **VIOLA** 27a. **WILLIAMS**

28. **VIOLA** 28a. **WILLIAMS**

29. **VIOLA** 29a. **WILLIAMS**

30. **VIOLA** 30a. **WILLIAMS**

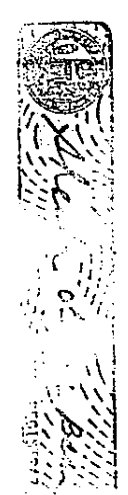
31. **VIOLA** 31a. **WILLIAMS**

32. **VIOLA** 32a. **WILLIAMS**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

JAN 25 1996

I, SHEILA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

IMMEDIATE CAUSE (FATAL)
 Disease or condition (including in death)
 (a) **RIGHT LOWER LOBE PNEUMONIA**
 (b) **2 WEEKS**
 (c) **CONGESTIVE HEART FAILURE; RENAL FAILURE**

PART II. Other significant conditions contributing to death that are not included in the underlying cause (give in PART I)
 MAJOR FINDINGS OF OPERATION: **20c. YES 11 NO 1**

20a. YES 11 NO 1

20b. YES 11 NO 1

20c. YES 11 NO 1

20d. YES 11 NO 1

20e. YES 11 NO 1

20f. YES 11 NO 1

20g. YES 11 NO 1

20h. YES 11 NO 1

20i. YES 11 NO 1

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20m. YES 11 NO 1

20n. YES 11 NO 1

20o. YES 11 NO 1

20p. YES 11 NO 1

20q. YES 11 NO 1

20r. YES 11 NO 1

20s. YES 11 NO 1

20t. YES 11 NO 1

20u. YES 11 NO 1

20v. YES 11 NO 1

20w. YES 11 NO 1

20x. YES 11 NO 1

20y. YES 11 NO 1

20z. YES 11 NO 1

21. 4:12 PM

22. JAN 24, 1996

23. 48863

24. WASHINGTON

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