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Doc#: 0432745097
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 11/22/2004 11:56 AM Pg: 1 of 3

Property of Cook County Clerk's Office

Medical Certificate of Death of Dorothy O. Jarrells, deceased

Permanent Real Estate Index Number(s): 20-32-410-028

Address of Real Estate: 8422 South Carpenter Street, Chicago, IL 60625-3303

Legal Description attached as Exhibit A

This Document Prepared by:

G. Gale Roberson, Jr.
Holland & Knight LLC
131 S. Dearborn Street
30th Floor
Chicago, IL 60603
312-263-3600

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Legal Description of Property at 8422 South Carpenter Street, Chicago, Illinois 60620-3303:

Lot 10 in Delany's South Englewood Subdivision of the West one-half of the South East one-quarter of the North West one-quarter of the South East one-quarter of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

PIN: 20-32-410-028

Property of Cook County Clerk's Office

EXHIBIT A

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REGISTRATION DISTRICT NO. **16.10** REGISTERED NUMBER **623985** STATE OF ILLINOIS

DECEASED - NAME **Dorothy Jarrells** SEX **2 Female** DATE OF DEATH **November 30, 1988**

RACE **American** BIRTH (MO, DAY, YEAR) **March 28, 1910** COUNTY OF DEATH **Cook**

1. PLACE OF BIRTH (IF NOT IN U.S.A.) **Chicago** CITIZEN OF WHAT COUNTRY **USA**

2. SOCIAL SECURITY NUMBER **377-20-4315** USUAL OCCUPATION **Machine Operator**

3. RESIDENCE STREET AND NUMBER **8422 S. Carpenter** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** INSIDE CITY (YES/NO) **Yes**

4. FATHER - NAME **Not Available** MOTHER - MAIDEN NAME **Deloris Johnson** COUNTY **Cook** STATE **Illinois**

5. IMPRISONMENT NAME (TYPE OR PRINT) **Pamela Stewart** RELATIONSHIP **Clerk** MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY, TOWN, STATE, ZIP) **1653 W. Congress Pkwy Chgo IL 60612**

6. DEATH WAS CAUSED BY: **Cerebral Vascular Accident**

7. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **due to or as a consequence of:** **3 Days**

8. OTHER SIGNIFICANT CONDITIONS: **None**

9. DATE OF OPERATION, IF ANY **None**

10. SIGNATURE **Dr. J. J. Pulmash** DATE **November 29, 1988** TIME **6:20 P.M.**

11. NAME AND ADDRESS OF CERTIFIER **Dr. J. J. Pulmash 1653 W. Congress Pkwy Chgo IL 60612**

12. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OF PRINT) **None**

13. FUNERAL CREMATION: **Funeral Home** CEMETERY OR CREMATORY - NAME **St. Vernon Memorial** CITY OR TOWN **Lemont, Illinois** STATE **Illinois** DATE (MONTH, DAY, YEAR) **Dec 5, 1988**

14. FUNERAL DIRECTOR'S SIGNATURE **Chera A. Balbridge** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **4792**

15. LOCAL REGISTRAR'S SIGNATURE **Thomas C. Edwards M.D., M.P.A.** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 1 1988**

STATE FILE NUMBER **623985**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, **THOMAS 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