

STATE OF ILLINOIS
REGISTRATION DISTRICT NO. 16.10
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER 614097

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

1. **LOWMIE** **ECHOLES** **2 MAR 23** **JUL 19-1987**

2. **BLACK** **AMERICAN** **88** **MAR 24-1899** **COOK**

3. **Chicago** **Illinois** **Illinois** **Illinois** **Illinois** **Illinois**

4. **George** **USA** **Widowed** **None**

5. **373-10-7363** **LABORER** **GENEVA** **10**

6. **8212 Skenwood Ave** **Chicago** **Illinois** **Illinois**

7. **Anderson** **Echols** **Emmet** **Wife of Deceased**

8. **Harvey** **Echols** **Son** **8212 Skenwood Ave**

9. **Radio in memory of Forest**

10. **ARE A NORMAL PROSTATE**

11. **DATE OF OPERATION, IF ANY** **MAJOR FINDINGS OF OPERATION**

12. **DATE OF OPERATION, IF ANY** **MAJOR FINDINGS OF OPERATION**

13. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OF PRINT)**

14. **FOREST JONES M.D.**

15. **BURIAL CEMETERY** **LOCATION** **CITY OR TOWN** **STATE** **DATE** **(MONTH, DAY, YEAR)**

16. **Bureau** **Bureau** **Alsip Illinois** **Illinois** **July 23 1987**

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

18. **House of Beane** **3125 W. Roosevelt Rd** **Chicago, Ill. 60612**

19. **Funeral Director's Signature** **Funeral Director's Illinois License Number**

20. **Local Registrar's Signature** **Date Rec'd. by Local Registrar (Month, Day, Year)**

21. **Funeral Director's Signature** **Date Rec'd. by Local Registrar (Month, Day, Year)**

22. **Funeral Director's Signature** **Date Rec'd. by Local Registrar (Month, Day, Year)**

23. **Funeral Director's Signature** **Date Rec'd. by Local Registrar (Month, Day, Year)**

24. **Funeral Director's Signature** **Date Rec'd. by Local Registrar (Month, Day, Year)**

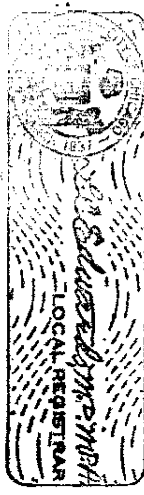
25. **Funeral Director's Signature** **Date Rec'd. by Local Registrar (Month, Day, Year)**

26. **Funeral Director's Signature** **Date Rec'd. by Local Registrar (Month, Day, Year)**

July 23, 1987.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, **LOWMIE 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