

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

NOV 28 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		e611192
DECEASED - NAME 1. Eddie Hail		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. June 6, 1987
RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) Black	AGE - LAST BIRTHDAY (MONTH, DAY, YEAR) 71	DATE OF BIRTH (MONTH, DAY, YEAR) August 23, 1915	COUNTY OF DEATH Cook
CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION - NAME, IF ANY, IN FULL. GIVE STREET AND NUMBER. Provident Hospital		IF HOSP. OR INST. INDICATE DOA BY EMER. ROOM. Emergency Room
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) Tennessee	CITIZEN OF WHAT COUNTRY United States	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None
SOCIAL SECURITY NUMBER 323-14-7382	USUAL OCCUPATION Maintenance	KIND OF BUSINESS OR INDUSTRY Trucking Co.	WAR OR DATES OF SERVICE None
RESIDENCE - STREET AND NUMBER 4811 South Indiana	CITY, TOWN, VILL. OR ROAD DISTRICT NO. Chicago	INSIDE CITY (YES/NO) Yes	COUNTY Cook
FATHER - NAME Edward Z. Hail	MOTHER - MAIDEN NAME Gertrude Jackson	STATE Illinois	
INFORMANT NAME (TYPE OR PRINT) Barbara Hall	RELATIONSHIP Daughter	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 4811 South Indiana Chicago, Illinois	
18. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE FOR EACH OF (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a) Metastatic Carcinoma Of The Pharynx DUE TO OR AS A CONSEQUENCE OF.			Months
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			
DATE OF OPERATION, IF ANY 20a	MAJOR FINDINGS OF OPERATION 20b	AUTOPSY (YES/NO) 19c No	IF YES, WHEN FINISHED CONDUCTED OR DETERMINED RANGE OF DATE 19b
19. (a) (b) (c) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a I Did June 1, 1987		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) Yes 21b	HOUR OF DEATH 21c 12:40 A.M.
22. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER Mark Kozloff, M.D. Lake Shore Drive at 31st Street Chicago Illinois 60616			DATE SIGNED (MO., DAY, YR.) 22b June 9, 1987
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Mark Kozloff, M.D.			ILLINOIS LICENSE NUMBER 23d 36-47581
24. BURIAL - CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY - NAME 24b Lincoln	LOCATION CITY OR TOWN STATE DATE (MO., DAY, YEAR) 24c Worth Township, Illinois 24d June 12, 1987
25. FUNERAL HOME Halsted Memorial Chapels		25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
26. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		26b. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 10 1987	

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