

UNOFFICIAL COPY

DECEDENT'S BIRTH NO. _____
 REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER _____

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
6177720

Type or Print in PERMANENT INK See Funeral Director's Handbook for Hospital, or Physician's Handbook for INSTRUCTIONS

DECEASED-NAME: **James E. Green** FIRST MIDDLE LAST
 COUNTY OF DEATH: **Cook**
 CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: **Chicago**
 AGE LAST BIRTHDAY (MRS): **69** UNDER 1 YEAR: **50** 1-5 YEARS: **50** 5-9 YEARS: **50** 10-14 YEARS: **50** 15-19 YEARS: **50** 20-24 YEARS: **50** 25-29 YEARS: **50** 30-34 YEARS: **50** 35-39 YEARS: **50** 40-44 YEARS: **50** 45-49 YEARS: **50** 50-54 YEARS: **50** 55-59 YEARS: **50** 60-64 YEARS: **50** 65-69 YEARS: **50** 70-74 YEARS: **50** 75-79 YEARS: **50** 80-84 YEARS: **50** 85-89 YEARS: **50** 90-94 YEARS: **50** 95-99 YEARS: **50** 100 YEARS: **50**
 DATE OF BIRTH (MONTH DAY YEAR): **December 28, 2007**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT BIRTHPLACE, GIVE STREET AND NUMBER): **448 E. 42nd Place**
 IF HOSP. OR INST. INDICATE D.O.A. OPER. RM. (PATIENT SPECIFY): **6D, O.A.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago**
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married**
 NAME OF SURVIVING SPOUSE (MARRIAGE NAME (M) (W)): **Georgia Green**
 USUAL OCCUPATION: **Lead Man**
 KIND OF BUSINESS OR INDUSTRY: **Polyn Mfg.**
 EDUCATION (SPECIFY QUAL. HIGHEST GRADE COMPLETED): **10**
 (Elementary, Secondary, 0-12) (College 13-16, 17-19, 20-23)

SOCIAL SECURITY NUMBER: **425-72-9376**
 RESIDENCE (STREET AND NUMBER): **448 E. 42nd Place**
 CITY, TOWN, TWP. OR ROAD/DISTRICT NO.: **Chicago**
 INSIDE CITY (YES/NO): **Yes**
 COUNTY: **Cook**

STATE: **Ill** ZIP CODE: **60653**
 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): **Black**
 OF HISpanic ORIGIN? (SPECIFY OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **Yes**

FATHER-NAME: **Robert Green** FIRST MIDDLE LAST
 MOTHER-NAME: **Mary Ford** FIRST MIDDLE LAST
 (MARRIAGE NAME)

INFORMANT NAME (TYPE OR PRINT): **Andrew Leak**
 RELATIONSHIP: **Regisr**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **7838 S. Cottage Grove Chicago, IL 60619**

18. PART I: Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Stock, or heart failure. List only one cause in each line.
 (a) **Myocardial infarction**
 (b) **due to OR AS A COM. OF OR**
 (c) **due to OR AS A CONSEQUENCE OF**
 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

19. PART II: Other significant conditions contributing to death but not resulting in the underlying cause (specify in PART I).
 DATE OF OPERATION, IF ANY: **20b** MAJOR FINDINGS OF OPERATION: **19a**
 I (DO) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON: **20a** (MONTH, DAY YEAR)
 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **21b** **NO**
 HOUR OF DEATH: **21c** **6:45 P.M.**
 DATE SIGNED (M/M/YY): **22b** **1/2/08**
 ILLINOIS LICENSE NUMBER: **22d** **036-051251**

20. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Dr. Victor M.D. 1615 E. 53rd Chicago IL**
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): _____

21. BURIAL, CREMATION, REMOVAL, SPECIFY: **24a** **Funeral Home**
 CEMETERY OR CREMATORY-NAME: **24b** **Oak Woods**
 LOCATION: **24c** **Chicago Illinois**
 CITY OR TOWN, STATE: **Chicago Illinois**
 STREET AND NUMBER OR R.F.D.: **7838 S Cottage Grove Chicago, Illinois 60619**
 CITY OR TOWN, STATE: **Chicago Illinois**
 DATE: **1-3-08**
 MONTH DAY YEAR

22. LOCAL REGISTRAR'S SIGNATURE: **Shirley M. Mason, M.D.**
 DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR): **26b** **01 08 08**

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STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
01 08 08

1. TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF 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 OBTAINANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFICATE COPY VALID WHEN EMBOSSED SEAL IS APPLIED OVER REGISTRAR'S SIGNATURE

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH