



# UNOFFICIAL COPY

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STATE OF ILLINOIS } ss. DAVID D. ORR. County Clerk  
County of Cook }

I, DAVID D. 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 a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, 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 D. Orr*  
County Clerk

REGISTRATION		STATE OF ILLINOIS		MEDICAL CERTIFICATE OF DEATH		85 024818	
REGISTRY DISTRICT NO. 16.23	REGISTERED NUMBER 476	DECEASED - NAME	FIRST MIDDLE LAST	SEX	DATE OF DEATH	MONTH DAY YEAR	
		1. HARRY DUNHAM JACKSON	2. MALE	3. APRIL 14, 1985			
		4a. WHITE	4b. ENGLISH	4c. 83	5. SEPTEMBER 28, 1901	COOK	
		7a. EVANSTON	7c. ST. FRANCIS HOSPITAL		7b. IN PATIENT		
		8. ILLINOIS	9. USA	10. MARRIED	11. MARIE MCGOWAN		
		12. 329-93-7428	13. MILK SALESMAN	14. HAWTHORNE MELODY	15. NONE		
		16a. 2405 LAKE ST	16b. EVANSTON	16c. YES	16d. COOK	16e. ILLINOIS	
		17a. WILLIAM P. JACKSON	17b. OLIVE MACHILLAN				
		18a. SYNDA FOX, CLERK	18b. HOSPITAL RECORDS		18c. 355 RIDGE AVE., EVANSTON, ILLINOIS 60202		
		19. DEATH WAS CAUSED BY		(ENTER ONLY ONE CAUSE - SEE INSTRUCTIONS FOR 19a, 19b AND 19c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PART I		IMMEDIATE CAUSE			
		19a. C.V.A.		DUE TO OR AS A CONSEQUENCE OF		12 HOURS	
		19b. SEPSIS		DUE TO OR AS A CONSEQUENCE OF		24 HOURS	
		PART II		OTHER SIGNIFICANT CONDITIONS		CONDITION CONTRIBUTING TO DEATH BUT NOT BELONGING TO CAUSE GIVEN IN PART I	
		DIABETES MELLITUS TYPE 1					
		20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		IF PREGNANT, WAS THERE A PREGNANCY IN LAST THREE MONTHS?	
						20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		21a. I (OR I DID NOT) ATTEND THE DECEASED AND PART BAW HIM/HER ALIVE ON 21b. APRIL 14, 1985		21c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) NO		21d. HOUR OF DEATH 11:09 A. M.	
		22a. SIGNATURE <i>Suzanne M. Greider</i>		22b. NAME AND ADDRESS OF CERTIFIER SUZANNE GREIDER MD., 800 AUSTIN ROOM 506, EVANSTON, ILLINOIS 60202		22c. ILLINOIS LICENSE NUMBER 036-0656271	
		23a. BURIAL, CREMATION, REMOVAL		23b. CEMETERY OR CREMATORY - NAME		23c. LOCATION	
		24a. CREMATION		24b. MEMORIAL PARK		24c. SKOKIE, ILLINOIS	
		25a. DONNELLAN FITZGERALD FRANKLIN		25b. 1571 MAPLE AVENUE, EVANSTON, ILLINOIS 60201		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6207	
		26a. LOCAL REGISTRAR'S SIGNATURE <i>Valerie H. McCarty</i>		26b. DATE REC'D BY LOCAL REGISTRAR		26c. APRIL 16, 1985	