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95-165001

13. Based on the foregoing, IRENE B. FISHER left surviving as her only heir, who survived her, and is of legal age, and mentally competent: MADELYN SIMS.

REC'D - 100-110

Madelyn Sims
AFFIANT

Subscribed and sworn to before me
this 29 day of May, 1998.



Jeannette K. Ritze
Notary Public

This document was prepared by and please return to: Richard Cohn, Attorney at Law, 221 N. La Salle St., #2040, Chicago, Illinois 60601

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REGISTRATION DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS 610493

1. DECEASED - NAME IRENE BETTY FISHER SEX F DATE OF BIRTH MAY 22 1983

2. PLACE OF BIRTH CHICAGO ILLINOIS

3. RACE AMERICAN

4. SEX F

5. MARRIAGE STATUS U.S.A. DIVORCED

6. OCCUPATION INVESTMENTS

7. PLACE OF DEATH CHICAGO ILLINOIS

8. CAUSE OF DEATH CARDIORESPIRATORY ARREST

9. MANNER OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF ATTENDING PHYSICIAN

15. SIGNATURE OF REGISTRAR

16. SIGNATURE OF WITNESSES

17. SIGNATURE OF DECEASED

18. SIGNATURE OF ATTENDING PHYSICIAN

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

May 25, 1983

I, Hugo H. Murel, M.D., 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.

Hugo H. Murel
LOCAL REGISTRAR

This Certified Copy VALID
When MULTICOLOR SEAL
AND BLUE SIGNATURE ARE
AFFIXED

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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

98465001
STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH **602368**

REGISTRATION DISTRICT NO. 18.10		REGISTERED NUMBER		DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH, DAY, YEAR
				Madlyn				Saunders	Female	January 31, 1984	
RACE, COLOR, AND ETHNIC OR DESCENT (SPECIFY)		AGE (MONTHS, YEARS, DAYS)		UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR)		COUNTY OF DEATH		
Black		75					June 1, 1908		Cook		
CITY, TOWN, VILL., OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME, ADDRESS AND NUMBER, GIVE		IF HOSP. OR INST. INDICATE DEPT., FLOOR, RM., INPATIENT							
Chicago		St. Bernard Hospital		Inpatient							
STATE OF BIRTH (IF NOT U.S.A.)		CITIZEN OR WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)					
TRINIDAD		United States		Widowed		None					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED MEMBER OF U.S. ARMED FORCES? (SPECIFY YES OR NO)		WAR OR DATES OF SERVICE			
352-05-9719		Homemaker		Own Home		No		None			
RESIDENCE - STREET AND NUMBER		CITY, TOWN, VILL., OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		STATE			
6820 S. Carpenter		Chicago		Yes		Cook		Illinois			
FATHER-NAME		MOTHER-MAIDEN NAME									
N.T.		Stanberry Betty									
INFORMANT NAME (TYPE OR PRINT)		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)									
M. King		326 W. 64th St. Chicago, IL. 60621									
DEATH WAS CAUSED BY:		PART I. IMMEDIATE CAUSE		PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.		AUTOPSY (YES/NO)		IF YES, WAS THERE A PROB. N/C/RY (LAST THREE MONTHS)		APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH	
		(a) Cardiovascular arrest		Cerebrovascular Accident, Shock		No		No			
		(b) Anterior cloacetic Heart Disease									
		(c) Anterior sclerosis									
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION									
1 (101) (102) (103) ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON		MONTH, DAY, YEAR		WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)		HOUR OF DEATH					
1/28/84				No		10:15 A.M.					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS THE CAUSE(S) STATED.		DATE SIGNED (MO., DAY, YR.)		SIGNATURE		NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER			
		1/31/84		M. King		Dr. Lito Evangelista 6433 So. Halsted Chicago, IL. 60621		36-45753			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTES: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		DATE (MONTH, DAY, YEAR)	
				Funeral Home		WASHINGTON MEMORIAL		NORWOOD		FEB 1984	
TUNERAL DIRECTOR'S SIGNATURE		TUNERAL DIRECTOR'S NO. (IF KNOWN)		TUNERAL HOME		STREET AND NUMBER (R. F. D.)		CITY OR TOWN		STATE	
Charles B. ...		6852		TAYLOR FUNERAL HOME LTD		63 E 79th St		CHICAGO		ILLINOIS 60619	
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		ACTING LOCAL REGISTRAR							
Henry ...		FEB 3 1984									

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