

UNOFFICIAL COPY

Oct. 4, 1988

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LORNE 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

616523

CAL CERTIFICATE OF DEATH

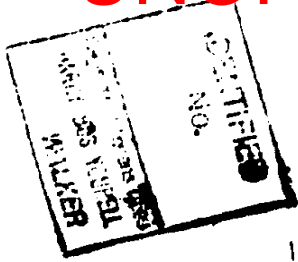
NAME OF DECEASED TURNER, LISA	SEX FEMALE	DATE OF BIRTH 2 AUGUST 1988	DATE OF DEATH 20 August 1988
AGE 50	EDUCATION High School	OCCUPATION Cook	PLACE OF BIRTH Chicago
PLACE OF DEATH UNIVERSITY OF CHICAGO MEDICAL CENTER			
STATUS OF DECEASED INPATIENT			
DATE OF DEATH CERTIFICATE ISSUED February 13 1988			
NAME OF PHYSICIAN Dr. Elijah Tague			
ADDRESS OF PHYSICIAN Illinois			
NAME OF DECEASED John			
ADDRESS OF DECEASED 60637			
RELATIONSHIP Wife			
PLACE OF DEATH CHICAGO, ILLINOIS			
CAUSE OF DEATH Myocardial infarction			
IMMEDIATE CAUSE Coronary Failure			
MORBIDITY 4 days			
MORTALITY 35 years			
MANNER OF DEATH Natural			
DATE OF DEATH 8-13-88			
TIME OF DEATH 8:16 P			
SIGNATURE OF PHYSICIAN Dr. Elijah Tague			
ADDRESS OF PHYSICIAN Illinois			
DATE OF SIGNATURE 20 August 1988			
NAME OF REGISTRAR Lorne C. Edwards			
ADDRESS OF REGISTRAR Chicago			
DATE OF SIGNATURE 20 August 1988			
MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED			

Handwritten signature

UNOFFICIAL COPY

3743831

3743831



OCT 4 10 31
HARRY J. WALKER
REGISTERED NOTARY PUBLIC
STATE OF ILLINOIS

MAIL TO
HARRY J. WALKER
155 METROPOLITAN BUILDERS, INC.
4632 N. CICERO, CHGO, IL 60641

Property of Cook County Clerk's Office