

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

DECLARED NAME **Dan** SEX **Male** DATE OF BIRTH **June 8, 1978**

RACE **Black** HOSPITAL OR OTHER INSTITUTION **Rush Presbyterian-St. Luke's Med.Center**
 CITY **Chicago** COUNTY OF BIRTH **Cook** STATE OF BIRTH **Illinois**
 SOCIAL SECURITY NUMBER **A10-24-3852** MARITAL STATUS **10 Married**
 OCCUPATION **13a Labor** **13b Construction** U.S. MAR. VETERAN **13c No**

FATHER'S NAME **Dan** MOTHER'S MAIDEN NAME **Elisa**
 DEATH WAS CAUSED BY **17 Clerk** 1753 W. Congress Pkwy. Chicago, Ill. 60612
 IMMEDIATE CAUSE **18a** **18b** **18c**
Garcinoma Of The Pancreas With Widespread Metastases
 8 Months

DATE OF DEATH **June 8, 1978** TIME OF DEATH **3:00 P. M.**
 PLACE OF DEATH **19a Yes** **19b Yes**
 NAME AND ADDRESS OF CERTIFYING PHYSICIAN **Dr. Robert E. Slayton, M.D. 1725 W. Harrison, Chicago, Ill. 60612**
 SIGNATURE OF PHYSICIAN *Robert E. Slayton*

DATE OF BIRTH **June 8, 1978** DATE SIGNED **June 9, 1978**
 ILLINOIS LICENSE NUMBER **36-30249**
 NAME OF ATTESTING PHYSICIAN OR OTHER TRAINED CERTIFIER **Dr. Robert E. Slayton**

24a Burial **24b Burr Oak** LOCATION **C Worth, Illinois** DATE **June 6/12/78**
 25 Doty Nash Funeral Home 8620 S Stony Island Ave. Chicago, Illinois 60617

LOCAL REGISTRY SIGNATURE *James E. Brown*
 CHICAGO DEPT. OF HEALTH
 ROOMED J DALTY CENTER ROOM 111
 CONDUITE ST. AL. CHICAGO ILL 60607
JUN 11 1978

ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 SS

NOV. 14, 1988
 I, LOUISE 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, DEATHS 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