

FILL IN THIS FORM (except signature)
WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS ORIGINAL
DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 8958

1. PLACE OF DEATH
 County of Cook
 City CHICAGO
 Registration Dist. No. 3104
 Street and Number No. 3800 ELLIS AVE
 (If death occurred in a hospital or institution, give the NAME, instead of street and number.)
 Length of Time at Place Where Death Occurred? yrs. 5 mos. da.

2. PLACE OF RESIDENCE, STATE OF ILLINOIS
 City or Village CHICAGO
 Street and Number 3800 ELLIS AVE
 Road Dist.

3(a) PRINT FULL NAME EVERLENA WILSON
 I. LIST NO. 9456

3 (b) If veteran, No
 3 (c) Social Security No. UNKNOWN
 4. Sex FEMALE
 5. Color or race NEGRO
 6. Name of husband or wife JORPON
 7. Birth date of deceased UNKNOWN
 8. AGE: Years Months Days ABOUT 50
 9. Birthplace LAKE PROVIDENCE LOUISIANA

10. Usual occupation LAUNDRESS
 11. Industry or business HAND LAUNDRY
 12. Name KING ATLAS
 13. Birthplace LOUISIANA
 14. Maiden name CLARA UNKNOWN
 15. Birthplace LAKE PROVIDENCE LOUISIANA
 16. INFORMANT Joe Gray
 P. O. Address 3800 ELLIS AVE

17. PLACE OF BURIAL
 (a) Cemetery LOCAL
 Location LAKE PROVIDENCE
 Date of Burial MAR 20 1947

18. County LOUISIANA
 State LOUISIANA
 Address 4445 JEFFERSON
 License No. F-626
 (Print name, if any) MEMO FUNERAL PARLORS

MEDICAL CERTIFICATE OF DEATH
 20. Date of death Month March day 19th
 year 1947 hour 9 minutes
 21. I hereby certify that I attended the deceased from Oct. 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Occlusion
 Duration 20 min

22. Was an operation performed? No
 23. Was there an autopsy? No
 Findings: No
 24. If a communicable disease, where contracted? No
 Was disease in any way related to occupation of deceased? No
 If so, specify how: No

24. (Signed) J. D. Callaway M. D.
 Address 1655 W. Roosevelt Rd.
 Date March 19 1947

25. MAR 20 1947
 P. O. Address
 Registrar

MARGIN RESERVE FOR BINDING. WHITE PLANS BY INTER-URBANI, INC. THIS IS A PERMANENT RECORD. IF A NAME IS DEAD AT BIRTH THIS FORM MUST BE USED - USE FEDERAL BUREAU OF INVESTIGATION FORM V. S. 4. IF A NAME IS ALIVE AT BIRTH THIS FORM MUST BE USED. N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DATE OF DEATH IN parentheses, to show if may be primary cause. Exact statement of occupation is very important. See instructions on back of certificate.