649

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO.

REGISTERED NUMBER 16.10

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 634384

Type or Print in PERMANENT INK See Funeral Directors', Hospital, or Physicians' Handbook for INSTRUCTIONS

A 1-015

DECEASED

1. DECEASED—NAME (FIRST / MIDDLE / LAST)	2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
ALMA / SINGLETON	FEMALE	11-22-69

4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	5a. AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR: 5b. MOS. / DAYS	UNDER 1 DAY: 5c. HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7a. PLACE OF DEATH COUNTY
NEGRO	77			6-17-92	Cook

7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	7c. INSIDE CITY (YES/NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Chicago	Yes	ENGLEWOOD HOSPITAL

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
LOUISIANA	USA	WIDOWED	

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION	13b. KIND OF BUSINESS OR INDUSTRY	13c. U.S. WAR VETERAN (YES/NO)	13d. WAR OR DATES OF SERVICE
356-05-7067	HOUSEWIFE	At Home	No	

14a. RESIDENCE STATE	14b. COUNTY	14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO.	14d. INSIDE CITY (YES/NO)	14e. STREET AND NUMBER
ILLINOIS	COOK	CHICAGO	YES	7001 SOUTH YALE

B

C 69.898

D

E 700

PARENTS

15. FATHER—NAME (FIRST / MIDDLE / LAST)	16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)
KING / ATLAS	CLORA / UNAVAILABLE

17a. INFORMANT'S SIGNATURE	17b. RELATIONSHIP	17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
Cheryl Jarvis	MED REC	6001 S. GREEN STREET CHGO. ILL

CAUSE

1 1538 C

2 569 B

3 48 A

4

5

N

P

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE	Bronchopneumonia	3 days
(b) DUE TO OR AS A CONSEQUENCE OF:	Rectal bleeding	4 days
(c) DUE TO OR AS A CONSEQUENCE OF:	Colon Malignancy - adenocarcinoma	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES/NO)	19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
No	

20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION

PHYSICIAN'S CERTIFICATION

21a. I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR)	21b. TO (MONTH, DAY, YEAR)	21c. AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR)	21d. HOUR OF DEATH
9-15-69	11-22-69	11-22-69	6 00 P.M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

22a. SIGNATURE	22b. DATE SIGNED (MONTH, DAY, YEAR)	22c. ILLINOIS LICENSE NUMBER
Solomon N. Green Jr. MD	11-22-69	35026

23. MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
645 W. 79th St.	Chicago,	Ill.	60620

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION CITY OR TOWN	STATE	24d. DATE (MONTH, DAY, YEAR)
BURIAL	LINCOLN	BLUE ISLAND	ILLINOIS	Nov 29, 1969

25a. FUNERAL HOME NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
A. A. RAYNER & SONS	318 EAST 71st STREET	CHICAGO	ILLINOIS	60619

25b. FUNERAL DIRECTOR'S SIGNATURE	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
John C. Gibson	6794

26a. LOCAL REGISTRAR'S SIGNATURE	CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 105 Concourse Level, Chicago 60602	26b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
		NOV 24 1969

FOR GENEALOGICAL PURPOSES ONLY

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