

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER **34981**

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Illinois b. COUNTY Cook	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Chicago			
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF STAY IN " or " 45 Yrs		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....	
f. NAME OF HOSPITAL OR INSTITUTION		g. LENGTH OF STAY IN "		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 924 W. Sunnyside Ave.	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office 924 W. Sunnyside Ave.		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (FIRST) James b. (MIDDLE) L. c. (LAST) Vaughn			4. DATE OF DEATH (MONTH) (DAY) (YEAR) 5/28/66		
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 4/19/88	9. AGE (In years last birthday) 78	If under 1 year MONTHS DAYS If under 24 hrs. HOURS MIN.
10a. USUAL OCCUPATION Laborer		10b. KIND OF BUSINESS OR INDUSTRY Refrigeration Co.		11. BIRTHPLACE (City and state or foreign country) Unknown Texas	
12. Citizen of what country? USA			12. Citizen of what country?		
13. FATHER'S FULL NAME Unknown			14. MOTHER'S FULL MAIDEN NAME Unknown		
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) No		16. SOCIAL SECURITY NUMBER 3 5307-3028		17. INFORMANT a. SIGNATURE Louise Batchelor b. ADDRESS 924 W. Sunnyside Ave. c. RELATIONSHIP TO DECEASED None	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Carcinoma of stomach Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) due to (C)					INTERVAL BETWEEN ONSET AND DEATH 18 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION, IF ANY.		19b. MAJOR FINDINGS OF OPERATION			
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from 2.1.1965 to 5.28.1966 , that I last saw the deceased alive on 5.28.1966 , and death occurred at 8 A M., from the causes and on the date stated above. Signature W. Goldstein M.D. Date 5.28.66 Illinois License No. 21,334 Address 4403 Sheridan Rd. Chicago, Ill. 60640 Phone 10-1-0078					
22. DISPOSITION: BURIAL CREMATION Date 5/31/66 CEMETERY Graceland LOCATION Chicago, Illinois			23. FUNERAL DIRECTOR McCready Funeral Home SIGNATURE Ed. [unclear] ADDRESS 4506 N. Sheridan Rd. Illinois License No. 5828 Chicago, Illinois		
24. Received for filing on MAY 30 1966 (Signed) Samuel L. Gindelmann LOCAL REGISTRAR					

#696
080
03-024
936
CAUSE OF DEATH
151X

1964, revision based on the U.S. Standard Certificate of Death.
VS 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH