

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS				STATE FILE NUMBER
MEDICAL CERTIFICATE OF DEATH						611673
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JOHN DONALDSON		JOHN		DONALDSON	2. MALE	3. APRIL 14, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH
4. NEGRO		5a. 75	5b.	5c.	6. JULY 4, 1894	7. Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		INSIDE CITY (YES/NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Chicago		7c. Yes	7d. COOK COUNTY HOSPITAL			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. Missouri		9. U S A		10. Married		11. ELEANOR WATSON
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)
12. Unknown		13a. Retired		13b. Baseball		13c. No
RESIDENCE		STATE	COUNTY	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	STREET AND NUMBER
14. ILLINOIS		14b. COOK	14c. CHICAGO	14d. YES	5612	S KING DR
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. James Donaldson					16. Ida Hurt	
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP)		
17a. <i>Quanta B. Brown</i>		17b. RECORDS		17c. COOK COUNTY HOSPITAL		
18. DEATH WAS CAUSED BY:		PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		(a) <i>bronchopneumonia</i>				
		(b) <i>due to or as a consequence of</i>				
		(c) <i>due to or as a consequence of</i>				
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES/NO)
						19. NO
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				
20c.		20b.				
1. ATTENDED THE DECEASED FROM:		(MONTH, DAY, YEAR)	TO	(MONTH, DAY, YEAR)	AND LAST SAW HIM/HER ALIVE ON	HOUR OF DEATH
21a.		3, 26, 70	21b.	4, 14, 70	21c.	4, 14, 70
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.	
SIGNATURE		DATE SIGNED		ILLINOIS LICENSE NUMBER		
22a. <i>John H. ...</i>		22b. <i>4/17/70</i>		22c. <i>36-55132</i>		
MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.		CITY OR TOWN		STATE
23.		1825 W HARRISON		CHICAGO		ILLINOIS
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN
24a. Burial		24b. Burr Oak		24c. Worth township, ILL.		24d. 4-17-70
FUNERAL HOME		NAME		STREET AND NUMBER OR R. F. D.		CITY OR TOWN
25a. Halsted Memorial Chapels		2035 E. 79th St.		Chicago, ILL.		60649
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>C. Gibson</i>		25c. 7057				
LOCAL REGISTRAR'S SIGNATURE		CHICAGO BOARD OF HEALTH		DATE RECD. AT LOCAL REGISTRAR'S OFFICE (MONTH, DAY, YEAR)		
26a. <i>Harvey C. Brown</i>		Chicago Civic Center, Room 105		26b. APR 16 1970		
VR 200-11968H		ILLINOIS DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL RECORDS				BASED ON 1968 U.S. STANDARD CERTIFICATE