

ORIGINAL

STATE OF ILLINOIS

STATE FILE  
NUMBER

8773

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.10		REGISTERED NUMBER	
1. PLACE OF DEATH a. COUNTY <b>COOK</b> COUNTY, ILLINOIS				2. USUAL RESIDENCE (Where deceased lived if institution, residence before admission.) a. STATE <b>ILL.</b> b. COUNTY <b>COOK</b>			
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in ..... TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c				c. Residence was <input type="checkbox"/> OUTSIDE city limits and in ..... TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d			
c. CITY, VILLAGE, OR TOWN <b>CHICAGO</b>		d. LENGTH OF STAY IN <b>72 yrs</b>		d. CITY, VILLAGE, OR TOWN <b>CHICAGO</b>		e. LENGTH OF RESIDENCE AT 2c or 2d <b>72 yrs</b>	
e. NAME OF HOSPITAL OR INSTITUTION <b>COOK COUNTY</b>		f. LENGTH OF STAY IN 1c <b>3 DAYS</b>		f. STREET ADDRESS <b>1825 N. PAULINA</b>		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. FIRST <b>THOMAS</b> b. MIDDLE <b>HUGHES</b> c. LAST				4. DATE OF DEATH MONTH DAY YEAR <b>2-8-1956</b>			
5. SEX <b>MALE</b>		6. RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>ABOUT UNKNOWN</b>	
9. AGE (in years last birthday) <b>75</b>		if under 1 year MONTHS DAYS		if under 24 hrs. HOURS MIN.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PARK DISTRICT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MAINTENANCE</b>		11. BIRTHPLACE (City and state or foreign country) <b>CHICAGO - ILLINOIS</b>		12. Citizen of what country? <b>U.S.A.</b>	
13. FATHER'S FULL NAME <b>TOM HUGHES</b>				14. MOTHER'S FULL MAIDEN NAME <b>UNKNOWN</b>			
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NUMBER <b>NONE</b>		17. INFORMANT a. SIGNATURE <b>Joseph Sujak</b> b. ADDRESS <b>COOK COUNTY HOSP. RECORDS</b>		c. RELATIONSHIP TO DECEASED <b>RECORDS</b>	
18. CAUSE OF DEATH							
PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B), and (C).]							
IMMEDIATE CAUSE. (A) <b>LOBAR PNEUMONIA</b>							
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) ..... due to (C) .....							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).							
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.							
21. I hereby certify that I attended the deceased from <b>2-6-56</b> 19 <b>56</b> , to <b>2-8-56</b> 19 <b>56</b> , that I last saw the deceased alive on <b>2-8-56</b> 19 <b>56</b> , and death occurred at <b>4:20</b> A.M., from the causes and on the date stated above.							
DATE		SIGNED		ADDRESS		PHONE	
<b>2-8-56</b>		<b>Gillayanni</b>		<b>COOK COUNTY HOSPITAL</b>			
22. DISPOSITION: BURIAL-REMOVAL-CREMATATION (DATE) <b>2-11-56</b>				23. FIRM NAME <b>HURSEN-UNDERTAKERS INC.</b>			
CEMETERY <b>ST. JOSEPH</b>				ADDRESS <b>929 BELMONT AVE</b>			
LOCATION <b>RIVER-GROVE</b>				SIGNATURE <b>P. J. Hurse</b>			
				LICENSE NUMBER <b>121</b>			
24. Received for <b>FEB 9 1956</b> (Signed) <b>Stanton J. Henderson</b>				54 West Hubbard Street, Chicago 10 CHICAGO BOARD OF HEALTH LOCAL REGISTRAR			

VS &amp; R 200 (1955 Revision) based on the U.S. Standard Certificate of Death

THOMAS HUGHES

CAUSE OF DEATH

490 XES

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