MARY E. WELTY
MADISON COUNTY RECORDER
Fee #2.50

COMPARED

FILED NO. 446
BOOK 30 PAGE 398
1974 MAR 12 PM 4:41

ORIGINAL

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 49.8 REGISTERED NUMBER 640

DECEDENT'S BIRTH NO.

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

1. PLACE OF DEATH
a. COUNTY: Lake COUNTY, ILLINOIS
b. Death took place ☐ OUTSIDE city limits and in ..... TOWNSHIP. ☒ INSIDE city limits and in the city, village, or town named at 1c.
c. CITY, VILLAGE, OR TOWN: Wilson
d. LENGTH OF STAY IN 1b or 1c: 42 years
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Telegraph Rd.
f. LENGTH OF STAY IN 1e: 42 years

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE: Illinois b. COUNTY: Lake
c. Residence was ☐ OUTSIDE city limits and in ..... TOWNSHIP. ☒ INSIDE city limits and in the city, village, or town named at 2d
d. CITY, VILLAGE, OR TOWN: Wilson
e. LENGTH OF RESIDENCE At 2c or 2d: 42 years
f. STREET ADDRESS: Telegraph Road
g. Did decedent reside ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED: a. (FIRST) Thomas b. (MIDDLE) Edward c. (LAST) Wilson
4. DATE OF DEATH (MONTH) (DAY) (YEAR): Aug. 4 1958
5. SEX: Male
6. RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
8. DATE OF BIRTH: July 22, 1868
9. AGE (in years last birthday): 90 (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): Retired Exec.
10b. KIND OF BUSINESS OR INDUSTRY: Meat Packing
11. BIRTHPLACE (City and state or foreign country): London, Ont. Canada
12. Citizen of what country? USA
13. FATHER'S FULL NAME: Moses Wilson
14. MOTHER'S FULL MAIDEN NAME: Mary Ann Higgins
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NUMBER: 337 16 6627
17. INFORMANT
a. SIGNATURE: Edward Ford Wilson
b. ADDRESS: 173 DeWendt Rd. Winnetka, Ill
c. RELATIONSHIP TO DECEASED: Son

CAUSE OF DEATH

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B), and (C).)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE. (A)	Bronchial Pneumonia	48 hrs.
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. ▶ due to (B)	Arteriosclerosis Generalized - Severe	
▶ 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 ☐ NO ☒

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 June, 1956, to August, 1958, that I last saw the deceased alive on Aug. 4, 1958, and death occurred at 9:45 P M., from the causes and on the date stated above.
DATE 8-7-58 SIGNED George A. Olander M.D. ADDRESS 1893 Sheridan Rd. HIGHLAND PARK, ILL PHONE FO 2-2750

PLACE OF DISPOSITION

22. DISPOSITION: BURIAL-REMOVAL-CREMATION (DATE) 8-7-58
CEMETERY: Lake Forest
LOCATION: Lake Road Lake Forest, Illinois

FUNERAL DIRECTOR

23. FIRM NAME: George Nanhan
ADDRESS: 233 E. Deerpath Lake Forest, Illinois
SIGNATURE: George Nanhan LICENSE NUMBER 1098

24. Received for filing on: August 7, 1958 (Signed) LOCAL REGISTRAR

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

D BY THE AUTHORITY
E STATE OF ILLINOIS
IND. 1
REC. 4
PAGE

VS & R 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH—SPRINGFIELD

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE August 15, 1958 SIGNED

AT Waukegan, Illinois OFFICIAL TITLE Registrar Dist. #49.8

The original record of this death is, permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of this original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VS&R 201.1 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics. Printed by the Authority of the State of Illinois