

Henry Duncan Weaver Death Certificate

ORIGINAL MEDICAL CERTIFICATE OF DEATH STATE OF ILLINOIS STATE FILE NO. 52115

DECEDENT'S BIRTH NO.: [] COUNTY Cook, ILLINOIS DIST. NO. 16.04 REG. NO. 2964

1. PLACE OF DEATH a. COUNTY Cook, ILLINOIS b. CITY Rural-Leyden Twp c. LENGTH OF STAY 2 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 10838 Grand Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook c. CITY Rural--Leyden Twp d. STREET ADDRESS 10838 Grand Ave

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) D c. (Last) Weaver 4. DATE OF DEATH (Month) (Day) (Year) Dec 5 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 30 1896 9. AGE (In years last birthday) 57 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Art Instructor 10b. KIND OF BUSINESS OR INDUSTRY Public School 11. BIRTHPLACE (State or foreign country) Idaho 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Riley Weaver 14. MOTHER'S MAIDEN NAME Margaret Duncan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. 330-07-0335 17. INFORMANT (Hospital follow Special Instructions on this item) a. Signature Margaret Weaver. b. Address 10838 Grand Ave Melrose Park Ill RFD c. Relationship to the deceased wife

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 0335
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)
 Direct cause (a) Carcinomatosis
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death. Inanition
 Interval between onset and death: 1 year

19. DATE OF OPERATION 8/12/55 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cardia of stomach extension to meso...
 20. AUTOPSY? YES NO

21. ACCIDENT SUICIDE HOMICIDE (specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Not While at Work 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from June 1955, to December 5, 1955, that I last saw the deceased alive on Dec 4, 1955, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE Colin P. Midgley, M.D. (Degree or title) 23b. ADDRESS AND PHONE NO. 120 S. WOLCOTT CHICAGO, ILL. 23c. DATE SIGNED 12/5/55

24. BURIAL-RECEIVED-ORGANIZATION (date) Dec 8, 1955 RECEIVED FOR FILING ON: COOK COUNTY DEPT. OF HEALTH
 Cemetery: Chapel Hill Gardens West Location: Villa Park Illinois. Signed: J. W. Michalak, 12-7 1955 SUB REGISTRAR
 Firm Name: Sax-Tiedemann Co Address: 9568 Belmont Ave Franklin Park, Illinois LOCAL REGISTRAR: JOHN D. HALL, M.D., M.P.H. DEPUTY REGISTRAR
 Address: 737 SO. WOLCOTT CHICAGO, ILLINOIS
 Signature: [] License Number: 1018 Reserved For State Office

VS&R 200 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics

APR - 2 1993

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND IMPRINTED SIGNATURE OF THE DEPUTY STATE REGISTRAR