

PERMANENT
CERTIFICATE

TEMPORARY
CERTIFICATE

OTHER NO.

REGISTRATION DISTRICT NO. **16.10**

98 DEC STATE OF ILLINOIS

STATE FILE NUMBER

CORONER'S CERTIFICATE OF DEATH

633936

Print in
INK
Tool for
Directors
& for
FRONS

777

100

103

194
600

134

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **DOROTHY L HUNT** 2. **FEMALE** 3. **DECEMBER 8 1972**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (MOS. DAYS HOURS MIN.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) PLACE OF DEATH COUNTY

4. **WHITE** 5a. **52** 5b. **52** 5c. **52** 6. **APR-1-1920** 7a. **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. **3720 W. 70TH PLACE**

BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. **OHIO** 9. **U.S.A** 10. **MARRIED** 11. **UNMARRIED**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN; WAR OR DATES OF SERVICE (YES/NO)

12. **UNK** 13a. **HOUSEWIFE** 13b. **HOME** 13c. **UNK** 13d. **UNK**

RESIDENCE STATE COUNTY CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) STREET AND NUMBER

14a. **MARYLAND** 14b. **MONTGOMERY** 14c. **POTOMAC** 14d. **YES** 14e. **11120 RIVER RD**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **ALBERT WETZEL** 16. **JEANETT ADAMS**

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17a. **E. Howard Hunt** 17b. **Husband** 17c. **11120 River Road, Potomac, Md. 20854**

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE

(a) **EXTENSIVE BURNS**

DUE TO, OR AS A CONSEQUENCE OF.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) DUE TO, OR AS A CONSEQUENCE OF.

(c) DUE TO, OR AS A CONSEQUENCE OF.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II ITEM 18) (CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO.; COUNTY; STATE)

19a. **NO** 19b. **NO**

20a. **ACCIDENT** 20b. **DEC 8, 1972** 20c. **2 P M.** 20d. **PASSENGER IN AIRPLANE THAT CRASHED**

INJURY AT WORK (YES/NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) LOCATION (CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO.; COUNTY; STATE)

20e. **NO** 20f. **PLANE** 20g. **CHICAGO COOK ILLINOIS**

I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT ---

21a. **Andrew J. Tomaszewski** 21b. **DEC 8 1972** 21c. **4 P M.**

CORONER'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

22a. **Andrew J. Tomaszewski** 22b. **NOV-21-1973**

CORONER'S PHYSICIAN'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

23a. **FRANCIS J. JANUSZESKI MD** 23b. **DEC 13 1972**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. **Burial** 24b. **St. Gabriel** 24c. **Potomac, Maryland** 24d. **12/13/72**

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25a. **Drake & Son Inc., 5303 N. Western, Chicago, Il. 60625**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. **Myron Ericson** 25c. **6364**

LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY ILLINOIS REGISTRAR (MONTH, DAY, YEAR)

26a. **Harvey C. Brown** 26b. **NOV 27 1972**

November 26, 1973

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Murray C. Brown, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL And BLUE SIGNATURE
Are Affixed.

BOARD OF HEALTH - CITY OF CHICAGO



Murray C. Brown
LOCAL REGISTRAR