

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

78 038509

REGISTRATION DISTRICT NO. **60.1**  
 REGISTERED NUMBER **250**

1. DECEASED - NAME FIRST MIDDLE LAST **James E. Alford** 2. SEX **Male** 3. DATE OF DEATH (MONTH, DAY, YEAR) **July 8, 1978**

4a. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) **White** 4b. ORIGIN OR DESCENT **Unknown** 5a. AGE - LAST BIRTHDAY (YRS) **58** 5b. UNDER 1 YEAR MOS. DAYS 5c. UNDER 1 DAY HOURS MIN. **Jan. 18, 1920** 6. DATE OF BIRTH (MO., DAY, YEAR) **July 8, 1978** 7a. COUNTY OF DEATH **Madison**

7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Granite City** 7c. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **St. Elizabeth Hospital** 7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER, PMA, INPATIENT (SPECIFY) **Inpatient**

8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) **Kentucky** 9. CITIZEN OF WHAT COUNTRY **U.S.A.** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Evelyn Harding**

12. SOCIAL SECURITY NUMBER **409-16-1584** 13a. USUAL OCCUPATION **Retired Steam Fitter** 13b. KIND OF BUSINESS OR INDUSTRY **Granite City Army Depot** 13c. U.S. WAR VETERAN (YES/NO) **Yes** 13d. WAR OR DATES OF SERVICE **(M) II**

14a. RESIDENCE STREET AND NUMBER **2152 Orville** 14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Granite City** 14c. INSIDE CITY (YES/NO) **Yes** 14d. COUNTY **Madison** 14e. STATE **Illinois**

15. FATHER - NAME FIRST MIDDLE LAST **John Alford** 16. MOTHER - MAIDEN NAME FIRST MIDDLE LAST **Nellie Cochran**

17a. INFORMANT'S SIGNATURE **Evelyn Alford** 17b. RELATIONSHIP **wife** 17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) **2152 Orville, Granite City, Ill., 62040**

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) **CARCINOMA OF PANCREAS 2 MON**  
 DUE TO, OR AS A CONSEQUENCE OF  
 (b) **WITH METASTASIS**  
 DUE TO, OR AS A CONSEQUENCE OF  
 (c) **WITH PNEUMONIA**  
 THEP.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) **Emphysema** 19a. AUTOPSY (YES/NO) **NO** 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION

21a. I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) **4/23/75** TO (MONTH, DAY, YEAR) **7/18/78** 21b. AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR) **7/7/78** 21c. HOUR OF DEATH **3:30 A. M.**

22a. SIGNATURE **[Signature]** 22b. DATE SIGNED (MONTH, DAY, YEAR) **7/8/78**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Robert H. Thomas, Granite City, Ill.** 22d. ILLINOIS LICENSE NUMBER **36-48978-1**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 24b. CEMETERY OR CREMATORY - NAME **Hickman Cemetery** 24c. LOCATION **Hickman, Kentucky** 24d. DATE (MONTH, DAY, YEAR) **July 10, 1978**

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP **Bob Thomas Memorial Mortuary, 2205 Pontoon Rd., Granite City, Illinois, 62040**

25b. FUNERAL DIRECTOR'S SIGNATURE **Robert Thomas** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **7248**

26a. LOCAL REGISTRAR'S SIGNATURE **[Signature]** 26b. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **July 11, 1978**

234105

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

VR200 (REV. 1/78)

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1978 U.S. STANDARD CERTIFICATE)

DATE ISSUED

OCT 14 2005

Eric E. Whitaker M.D.  
 ERIC E. WHITAKER, M.D.  
 STATE REGISTRAR