

COUNTY OF ILLINOIS)
COUNTY OF COOK) SS

I, Henrietta Gertrude Waldgren, of 4826 No. Irving Ave., Chicago, Illinois, being duly sworn, do hereby certify that I am the grandmother of Roland W. Grayson and was present at the time of his birth, and that he was born on the fifteenth day of April, 1903 A. D. at Indianapolis, Ind.

Henrietta Gertrude Waldgren

Subscribed and sworn to before me this

17th day of July, 1918 AD

Mary E. Ottum
NOTARY PUBLIC.

CERTIFICATE COPY OF A DEATH RECORD

Gen. 3-4
Registration 4
13071

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **45,2** REGISTERED NUMBER **315**

1. PLACE OF DEATH a. COUNTY Kane		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE Illinois	
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 Elgin, Ill		d. LENGTH OF STAY IN 1b or 1c 3Yrs	d. CITY, VILLAGE, OR TOWN Elgin, Ill
e. NAME OF HOSPITAL OR INSTITUTION Sherman Hospital		f. LENGTH OF STAY IN 1e 2Weeks	e. LENGTH of RESIDENCE At 2c or 2d 3Yrs
3. NAME OF DECEASED a. (FIRST) Una May		b. (MIDDLE)	c. (LAST) Grayson
5. SEX Female	6. RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH Mar 7, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (in years last birthday) 75
11. BIRTHPLACE (City and state or foreign country) Summerville Massachusetts		12. Citizen of what country? U.S.A.	
13. FATHER'S FULL NAME William Tasker		14. MOTHER'S FULL MAIDEN NAME Henrietta Heidel	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NUMBER None	17. INFORMANT a. SIGNATURE <i>Una May Seiler</i> b. ADDRESS 723 N. Porter
18. CAUSE OF DEATH		c. RELATIONSHIP TO DECEASED Daughter	

PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for IA), IB), and IC].

IMMEDIATE CAUSE, IA) *Pneumonia upper lobe, unclassified*

due to IB) *Acute respiratory infection - probably*

due to IC) *virus etiology*

INTERVAL BETWEEN ONSET AND DEATH
2 Wks
3 Weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART IA).

Arterio-sclerotic hypertensive cardiac-vascular renal disease with uremia

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 *Sept 5, 1957*, to *March 8, 1958*, that I last saw the deceased alive on *March 8, 1958*, and death occurred at *3:30 P.M.*, from the causes and on the date stated above.

DATE: *3-10-58* SIGNED: *Myrtle E. Spiegel* ADDRESS: *M.D. 1185 Dundee Ave Elgin Ill* PHONE: *541-5783*

22. DISPOSITION - BURIAL-REMOVAL-CREMATION (DATE) *3/11/58*

CEMETERY *Memorial Park*

LOCATION *Cook County Skokie, Ill*

23. FIRM NAME *Stout Funeral Home*

ADDRESS *252 So State St.*

Elgin, Ill

SIGNATURE *Myrtle E. Spiegel* LICENSE NUMBER *4194*

24. Received for filing on **March 10, 1958** (Signed) *Myrtle E. Spiegel* Myrtle E. Spiegel LOCAL REGISTRAR
Elgin

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 record of death as made from the original certificate of death for the decedent named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

SPRINGFIELD

JUNE 19, 1974

Joyce C. Lashof, M.D.
Joyce C. Lashof, M.D.
Director of Public Health and
State Registrar

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

The Commonwealth of Massachusetts

No 394223

JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF RECORD OF BIRTH

I, the undersigned, hereby certify that I am the Secretary of the Commonwealth of Massachusetts; that as such I have custody of the records of birth required by law to be kept in my office; that among such records is one relating to the birth of

UNA MAY TASKER

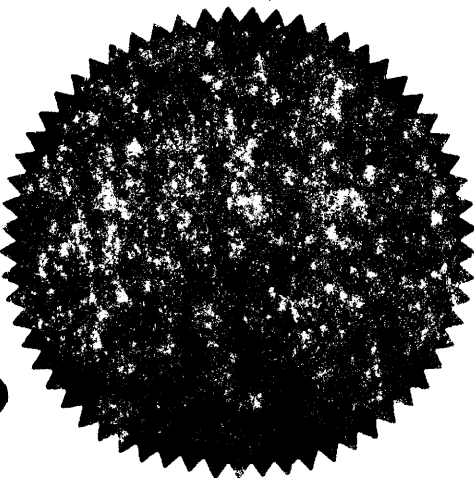
and that the following is a true copy of so much of said record as relates to said birth, namely:--

Name <u>UNA MAY TASKER</u>			
Date of Birth <u>MAR. 7-1883</u>			
Place of Birth <u>GREENFIELD</u>			
Sex <u>FEMALE</u>	Color <u>WHITE</u>		
Father		Mother	
Name <u>WILLIAM F.</u>	Maiden Name <u>HENRIETTA</u>		
Residence <u>BOSTON</u>	Residence <u>BOSTON</u>		
Birthplace <u>MASS</u>	Birthplace <u>MASS</u>		
Occupation <u>LABORER</u>	Occupation <u>ALBANY, N.Y.</u>		
Date of Record <u>1883</u>			

And I do hereby certify that the foregoing is a true copy from said records.
 WITNESS my hand and the GREAT SEAL OF THE COMMONWEALTH at Boston
 on this 26 day of March 1974

John F. X. Davoren
 JOHN F. X. DAVOREN

Secretary of the Commonwealth



Year 1883
 Vol. 382
 Page 202
 No. 9066

FEE \$1.00

James M. Coleman
Funeral Director

LONGBEACH 4666
SAGINAW 5777
REGENT 6111

4611 LINCOLN AVENUE
2743 E. 79TH ST.
CHICAGO, ILL.

Mrs. Una May Grayson
4824 North Bell Avenue
Chicago, Illinois

Funeral of Howard Grayson
Saturday, November 20, 1948

PROFESSIONAL SERVICES:

Including hearse service from residence to mortuary; embalming, preparation and casketing; making cemetery arrangements; placing newspaper notices; completing insurance and public records; care of flowers; two day wake service; directing funeral, etc.

USE OF CHAPEL AND EQUIPMENT:

Including chairs, casket lamps, catafalque, register stand, vigil lights, palms, fern and cibotiums; car for selection of casket.

FUNERAL COACH AND TWO LIMOUSINES:

To Memorial Park.

ORGANIST AND SOLOIST: At chapel.

MERCHANDISE:

Half couch broadloom covered casket with eggshell satin interior; gloves for bearers; memorial folders, register book and acknowledgment cards; chemicals and supplies; R.O. tax expense, etc.

Price of Above \$ 415.00

ADVANCES AND ADDITIONAL ITEMS:

Monarch Cement Vault #28W	\$ 71.00	
Flower car	21.00	
Certified Copies of Death (2)	2.00	
Notices: News (2)	\$ 11.00	
Tribune (2)	14.40	
Madison Courier	1.00	26.40
		<hr/>

TOTAL \$ 535.40

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CERTIFICATE OF DEATH

State File No.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
Division of Vital Statistics and Records

1. PLACE OF DEATH:		Registration 3104	
County of Cook	Illinois	Dist. No.	3104
City, Township, Village, Precinct, Chicago		Primary Dist. No.	3104
Street and Number 4824 N. Bell		Registered No. 22000	
LENGTH OF STAY: In Hospital or Institution Yes. No. Days: In Community where death occurred 35 Yes. No. Days. Hospital			
2. PLACE OF State Illinois		County Cook	
RESIDENCE City of Village Chicago		Street and No. 4824 N. Bell	
3.(a) FULL NAME Howard Grayson		Int. List number 94A 97	
3.(b) If Veteran, none war None		3.(c) Social Security No. None	
Sex Male	Color or race White	6.(a) SINGLE, MARRIED, WIDOWED, DIVORCED	
6.(b) Name of husband or wife Una May			
6.(c) Age of husband or wife (if alive) 65 years			
7. BIRTHDATE OF DECEASED October 15 1877			
8. AGE OF DECEASED 71 1 2		If less than one day (Hrs.) (Min.)	
9. BIRTHPLACE OF DECEASED Madison Indiana		State or foreign country	
10. USUAL OCCUPATION (Kind of job) Appliance Service			
11. INDUSTRY OR BUSINESS: Own Business			
12. Name Andrew Jackson Grayson			
13. Birthplace Indiana			
14. Maiden Name Matilda Lawrence			
15. Birthplace Indiana			
16. INFORMANT Roland H. Grayson			
4824 N. Bell			
P. O. Address Chicago, Illinois			
17. PLACE OF BURIAL, (Name of Cemetery or Burial Place)			
(a) Cemetery Memorial Park			
Location Evanston			
County Cook State Illinois			
(b) DATE: November 20 19 48			
18. FUNERAL DIRECTOR'S			
Signature James M. Coleman			
Address 4611 Lincoln Ave			
License Number FD 3691			
Firm Name James Coleman Funeral Home			
		MEDICAL CERTIFICATE OF DEATH	
		20. Date of death: Month NOV day 17 year 1948 hour 4 minute 35 P.M.	
		21. I hereby certify that I attended the deceased from Mar 1948 to NOV. 17, 1948 that I last saw him alive on NOV. 16, 1948 and that death occurred on the date and hour stated above.	
		Immediate cause of death Acute Myocardial Infarction 1 day	
		Associated diseases Atherosclerosis	
		Other conditions (Include pregnancy within 3 months of death)	
		22. Was an operation performed? No Date of For what disease or injury?	
		Was there an autopsy? No Findings?	
		23. If a communicable disease; where contracted? No	
		Was disease in any way related to occupation of deceased? No If so, specify how?	
		24. (Signed) H. Lawrence M.D. Address 3403 Lawrenceville Chicago Date NOV. 17, 1948 Telephone 9-125	
		*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.	
		25. FILED (Signed) Registrar P. O. Address 1948 NOV 19 PM 2 28 Illinois	

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

SPRINGFIELD

JUNE 19, 1974

Joyce C. Lashof, M.D.
Director of Public Health and
State Registrar

AUTHENTICATED COPY OF MARRIAGE RECORD

BE IT KNOWN, That on the 21st day of April, 1902, a Marriage License was duly issued by the then Clerk of the Circuit Court of Marion County, in the State of Indiana, and the same afterwards, in due form of law, returned to the office of said Clerk, which license, and the return and certificate thereto, read in the words and figures following, to wit:

MARRIAGE LICENSE

STATE OF INDIANA, MARION COUNTY, ss:

To Any Person Empowered to Solemnize Marriage in the County of Marion, Greeting:

You are hereby authorized to join together as HUSBAND AND WIFE

Howard Grayson and Una May Tasker

according to the laws of the State of Indiana.

IN TESTIMONY WHEREOF, I, George B. Elliott, Clerk

of the Circuit Court of said County, hereunto subscribe

my name and affix the seal of said Court, at Indianapolis,

(Seal)

this 21st day of

April A. D. 1902

George B. Elliott

Clerk Marion Circuit Court.

CERTIFICATE OF MARRIAGE

STATE OF INDIANA, MARION COUNTY:

I, the undersigned Minister, do hereby certify that

Howard Grayson and Una May Tasker

were legally joined together as Husband and Wife, on the 21st day of April, 1902

Rev. C. E. Bacon

STATE OF INDIANA, MARION COUNTY, ss:

I, E. Allen Hunter, Clerk of the Circuit Court within and for said

County and State, hereby certify that the above and foregoing is a true, correct and complete transcript of

the Marriage License issued, and the Return and Certificate of Marriage made thereto, in the matter of the

marriage of Howard Grayson and Una May Tasker

as appears of record in my office.

IN WITNESS WHEREOF, I hereunto subscribe my name and affix the seal of said Court,

at Indianapolis, Indiana, this 10th day

of May, 1974

E. Allen Hunter Clerk
EK

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

We, Howard Grayson and Una May Grayson, of
1322 No. Irving Ave., Chicago, Illinois, being duly sworn, do
hereby certify that we are respectively the father and mother of
Roland W. Grayson, and that the said Roland W. Grayson was born
on the thirteenth day of April, 1903, A. D. at Indianapolis, Indiana.

Howard Grayson (F)

Una May Grayson (M)

Subscribed and sworn to before us this

17th day of July 1918 A.D.

Harry E. Ottlund
NOTARY PUBLIC.

BOARD OF EDUCATION
CITY OF CHICAGO
Office of the Superintendent of Schools

CERTIFICATE OF BAPTISM

The records of this church certify to the baptism on June 8 1913,
of Roland Grayson, born on 15th day of April,
(Name of child) in the year 1903, at Indianapolis,
(Place of birth) in Indiana,
(State or country) the child of Howard Grayson,
(Father's name) and Unna May Grayson,
(Mother's name)

Signed Rev. C. W. King per Rev. Alfred Peache Pastor
Of Berry Memorial M. E. Church
Location Lewitt & Biddings St.

Church
Seal
Here

E. C. O.