

28791

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INDIANA STATE BOARD OF HEALTH DIVISION OF VITAL RECORDS MEDICAL CERTIFICATE OF DEATH

Form with fields for Local No. 735, Place of Death & County LAKE, City, Town, or Location HAMMOND, Name of Hospital or Institution ST. MARGARET'S HOSPITAL, Date of Death 9-13-1966, Name of Deceased JOSEPH SPEAR, Sex M, Color or Race W, Date of Birth MAY 17 1919, Age 47, Cause of Death GENERALIZED ARTERIOSCLEROTIC HEART DISEASE AND VASCULAR DISEASE, Informant's Name MRS LAVERNE SPEAR, Informant's Address 3806-177 PLACE HAMMOND IND, Relationship to Deceased WIFE.

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Form for State Office Use

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Disposition Permit Issued Provisional Certificate

FUNERAL DIRECTOR'S LICENSE No. 490

MEDICAL CERTIFICATION

371569 Tucker

371569

Key# 36-512-49

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**STOP**



THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HEALTH AND HEALTH DEPT.

AUG 5 1969

*E. E. Fronbanski, M.D.*

Date Issued

HAMMOND HEALTH COMMISSIONER

1-240