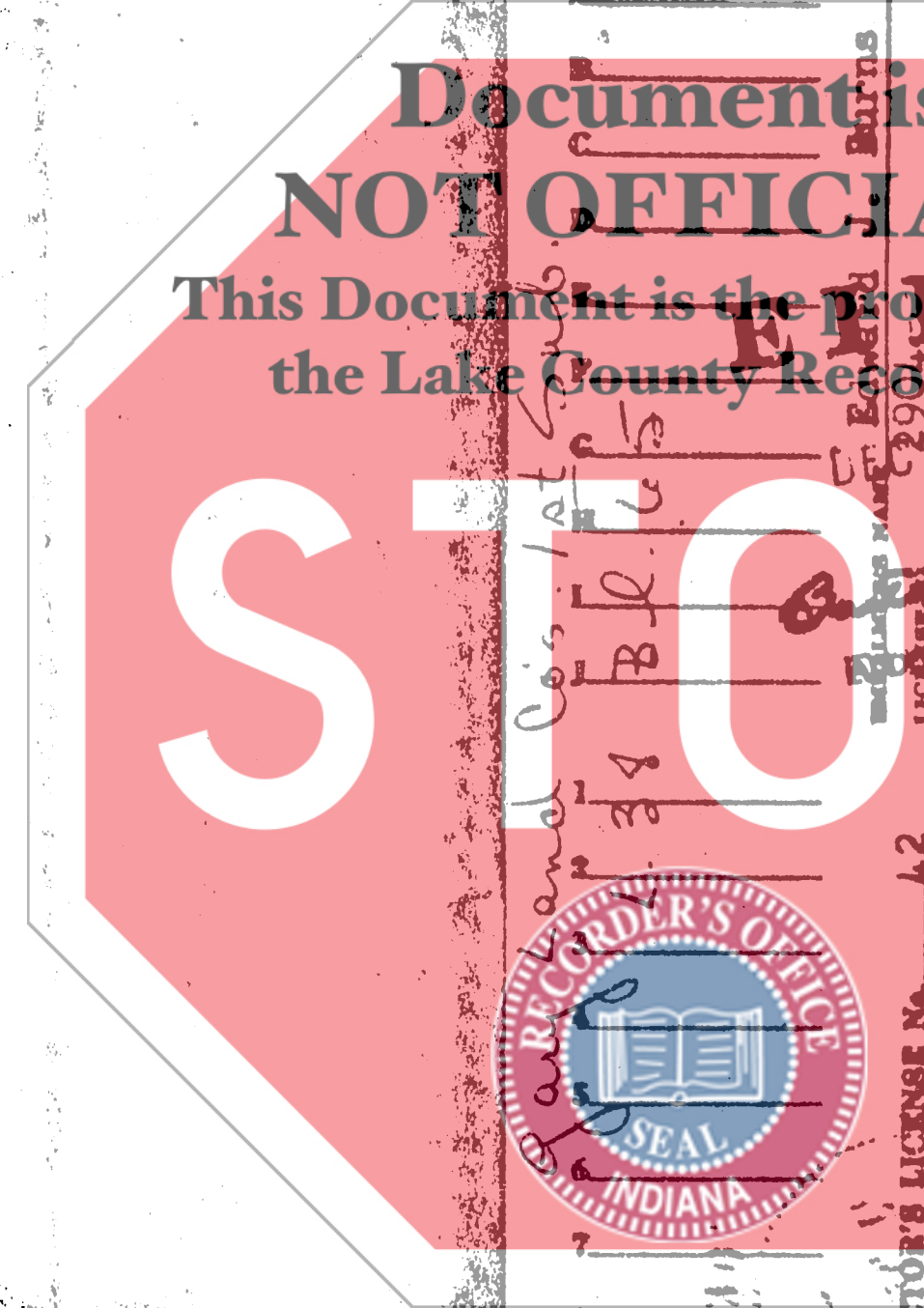


42484

Com 562369-
TYPE OR PRINT *Gandy 3ee*
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Local No. *62-1091*

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH
STATE NATL. FILE NOS. CO.
1400 BROADWAY



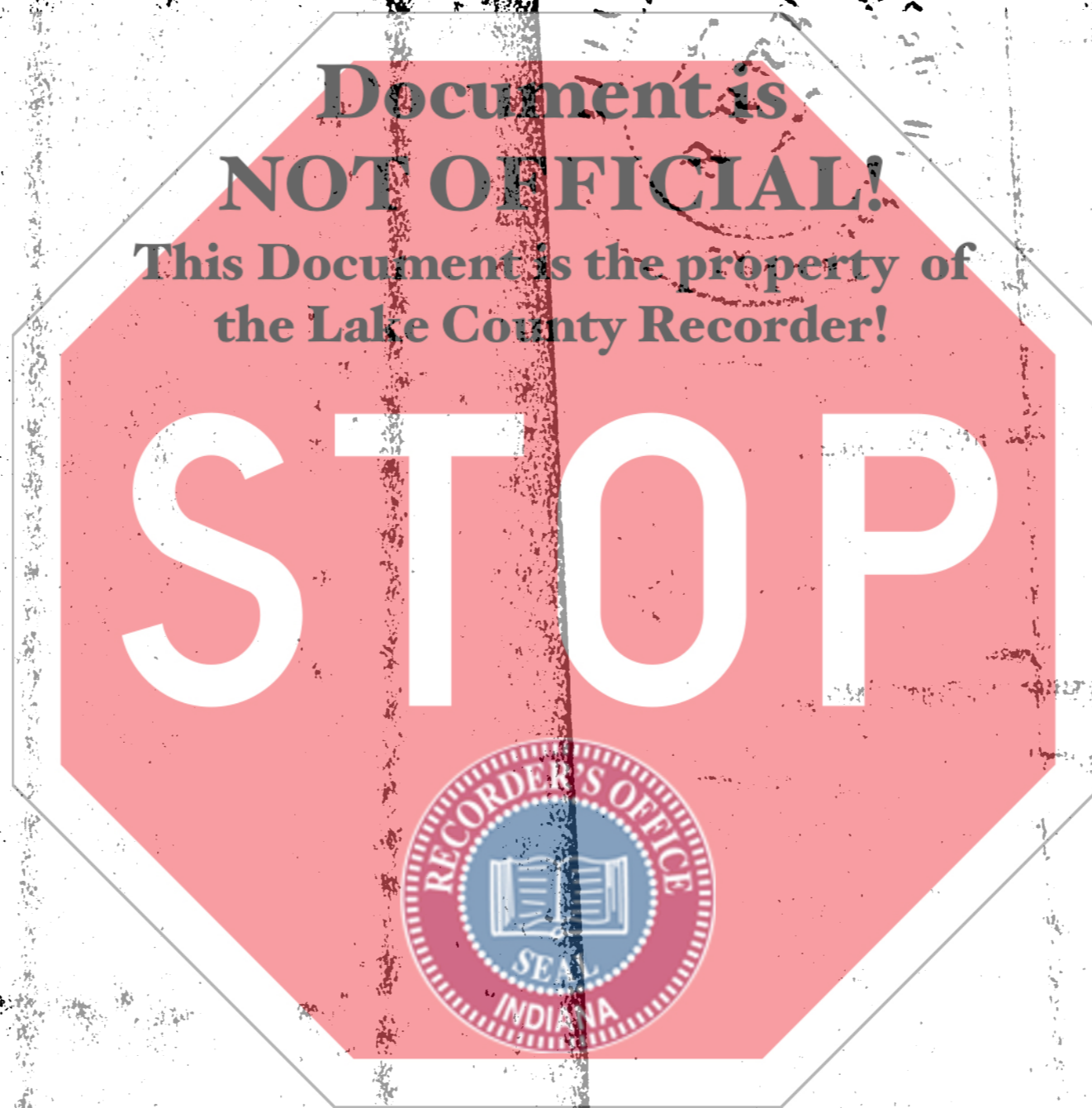
1. USUAL RESIDENCE (When deceased lived in this State) a. STATE Ind. b. COUNTY Lake	
2. CITY, TOWN, OR LOCATION Gary	3. CITY, TOWN, OR LOCATION Gary
4. NAME OF HOSPITAL OR INSTITUTION Gary Conv. Home	5. STREET ADDRESS 610 Virginia
6. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	7. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
8. NAME OF DECEASED (Type or print) John Kane	9. DATE OF DEATH Month 8 Day 18 Year 1962
10. SEX male 11. COLOR OR RACE white	12. DATE OF BIRTH Month 4 Day 25 Year 1884
13. BIRTHPLACE (State or foreign country) Co. Mayo, Ireland	14. MOTHER'S MAIDEN NAME Ann Healy
15. INFORMANT'S NAME Catherine Kane	16. RELATIONSHIP TO DECEASED wife
17. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVI DUE TO (b) astrioulovris DUE TO (c) _____	
18. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 19. DESCRIBE HOW INJURY OCCURRED. (State nature of injury in Part I or Part II of item 18.)	
20. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____	
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. CITY, TOWN, OR LOCATION Portage, Ind. COUNTY Lake STATE Ind.	
24. ATTENDING PHYSICIAN: I certify that I attended the deceased from June 1962 and last saw her alive on 8-18-62 . Death occurred at _____ M (C.S.T.) on the date stated above; and to the best of my knowledge, from the cause stated.	
25. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at _____ M (C.S.T.) from cause stated and as advised.	
26. SIGNATURE <i>[Signature]</i>	27. DATE SIGNED 8-21-62
28. BURIAL, CREMATION, OR REMOVAL (Specify) burial	29. DATE 8/21/62
30. NAME OF CEMETERY OR CREMATORY Calvary	31. LOCATION Portage, Ind.
32. DATE REC'D BY LOCAL HEALTH OFFICER AUG 21 1962	33. FUNERAL DIRECTOR P.J. Rosenbloom
34. ADDRESS Burns Memorial Chapel Gary, Ind.	



Disposition Permits Issued **17**
Provisional Certificate
 Yes No

FUNERAL DIRECTOR'S LICENSE No. **42**

42484



CERTIFIED COPY
P. J. Reynolds
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE .. AUG 23 1962

PN 20