

46771

TYPE OR PRINT
PLAINLY WITH
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THIS IS A
PERMANENT
RECORD
Refer to this file No.

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

William M. Danner
3000 ...
Indianapolis

Local No. 299

1. PLACE OF BIRTH
a. COUNTY LANE
b. STATE INDIANA

2. CITY, TOWN, OR LOCATION
a. HOBART
b. LENGTH OF RESIDENCE 30 YEARS
c. CITY, TOWN, OR LOCATION HOBART

3. PLACE OF DEATH
a. 135 So Conn St
b. 135 So Conn St

4. NAME OF DECEASED
MICHAEL CHARLES MAC NEIL

5. DATE OF DEATH
JUNE 3 - 1961

6. COLOR OR RACE
WHITE

7. MARRIAGE
a. MARRIED
b. SINGLE
c. DIVORCED
d. WIDOWED

8. DATE OF BIRTH
JAN 3 - 1904

9. AGE (in years last birthday)
57

10. BIRTH PLACE (State or foreign country)
STEEL MILLS CANADA

11. MOTHER'S MAIDEN NAME
CATHERINE MC NEIL

12. STATE OF INDIANA'S NO. FILED FOR RECORD
LANE COUNTY 7

13. INFORMANT'S NAME
ADELHIDE MAC NEIL

14. RELATIONSHIP TO DECEASED
WIFE

15. ADDRESS
ADELHIDE MAC NEIL - 135 So Conn St Hobart - Ind

16. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION
DUE TO (b) Paroxysmal Fibrillation - Chronic Pulmonary Condition - 41st
DUE TO (c) Paroxysmal Heart Disease - 20th

INTERVAL BETWEEN ONSET AND DEATH
20 min

17. ACCIDENT
 ACCIDENT
 SUICIDE
 SUICIDE
 SUICIDE

18. DISCREPANCY HOW INJURY OCCURRED (Show nature of injury, Part I or Part II of form 18.)

19. INJURY OCCURRED
a. WHILE AT WORK
b. NOT WHILE AT WORK

20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)

21. CITY, TOWN, OR LOCATION
HOBART

22. COUNTY
LANE

23. DEATH
DEATH

24. ATTENDING PHYSICIAN. I certify that I attended the deceased from 1959
I certify that I investigated cause of death of deceased and that this death occurred as stated above (C.S.T.) on the date stated above; and to the best of my knowledge, from (C.S.T.) from causes stated and on above date.

25. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that this death occurred as stated above (C.S.T.) from causes stated and on above date.

26. SIGNATURE OF REGISTERING PHYSICIAN OR HEALTH OFFICER
John O. Marshall MD

27. ADDRESS
201 Main St. Hobart, Ind

28. DATE SIGNED
Jan 5 1961

29. SIGNATURE OF LOCAL HEALTH OFFICER
Amelia Bernhardt

30. NAME OF CEMETERY OR CREMATORY
CALUMET PARK

31. LOCATION
CROWN POINT INDIANA

32. ADDRESS
Amelia Bernhardt

Document is
NOT OFFICIAL

This Document is the property of
the Lake County Recorder

DATE
JAN 6 1961

ON FILE WITH THE
LAKE COUNTY HEALTH DEPT.

COMPLETE COPY OF THE
CERTIFICATE OF DEATH
IS A TRUE AND
CORRECT COPY OF THE
ORIGINAL

DANIEL GURBANSKI, M.D.
LAKE COUNTY HEALTH COMMISSIONER

FILED
JAN 28 1970

847

N2 Lot 6 Bl. 1
Hobart Park Add.
Key 18-33-9