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Funeral Director's License No. 657

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

Lot 17 Bl. 14 CTR 10 Cos Oak Lake Ind 46-128-17

Form with fields for: 1. PLACE OF DEATH & COUNTY (LAKE), 2. CITY, TOWN OR LOCATION (LAKE), 3. NAME OF DECEASED (CARLINE DUBOSE), 4. SEX (F), 5. COLOR OR RACE (N), 6. DATE OF BIRTH (11-1-1919), 7. AGE (46), 8. DATE OF DEATH (8-20-66), 9. CAUSE OF DEATH (Cerebral Hemorrhage), 10. FATHER'S NAME (Houston Sanders), 11. MOTHER'S NAME (Maggie Cyles), 12. INFORMANT'S NAME (Sydney Dubose), 13. ADDRESS (2466 Delaware), 14. OCCUPATION (Husband), 15. MEDICAL CERTIFICATION (DUE TO:), 16. TIME OF INJURY, 17. PLACE OF INJURY, 18. ATTENDING PHYSICIAN (Dr. [Name]), 19. FUNERAL HOME (Oak Hill), 20. DATE RECEIVED BY LOCAL HEALTH OFFICER (AUG 23 1966).

Handwritten notes: 2466 Delaware, Sydney Dubose

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CERTIFIED COPY  
*G. Rosenblom*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE ..... FEB 11 1970.