

53744

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Law 54900 53744 the Lake County Recorder!

34-54412
Hartman's Gardens 2nd Add. N2, Hrs 6 B, 4
Charles Wells
4237
LICENSE No. 1783
FEDERAL DIRECTOR'S LICENSE No.

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

Local No. 774 State No. 1045

DECEASED—NAME: LEONA ROBINSON, SEX: FEMALE, DATE OF DEATH: SEPTEMBER 3, 1969

1. RACE: White, AGE: 76, UNDER 1 YEAR: 0, HOURS: 0, MIN: 0, DATE OF BIRTH: 8/8/1893, COUNTY OF DEATH: Lake

2. CITY, TOWN, OR LOCATION OF DEATH: Hammond, HOSPITAL OR OTHER INSTITUTION: St. Margaret's Hospital

3. STATE OF BIRTH: Indiana, CITIZEN OF WHAT COUNTRY: USA, MARRIED, NEVER MARRIED, DIVORCED, WIDOWED: Married, SURVIVING SPOUSE: Thomas

4. SOCIAL SECURITY NUMBER: 313-01-5904B, USUAL OCCUPATION: Housewife

5. RESIDENCE—STATE: Indiana, COUNTY: Lake, CITY, TOWN, OR LOCATION: Hammond, INSIDE CITY LIMITS: Yes, TOWNSHIP: North

6. STREET AND NUMBER: 6722 Parrish, IS RESIDENCE ON A FARM: No

7. FATHER: William JOHNSON, MOTHER—MAIDEN NAME: Mary Passmore

8. PERFORMER—NAME: Thomas Robinson, RELATIONSHIP: Husband, MAILING ADDRESS: 6722 Parrish, Hammond, Indiana

PART I. DEATH WAS CAUSED BY: (a) Immediate Cause: Cerebral Hemorrhage, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 hours

(b) Generalized arteriosclerosis, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 years

PART II. OTHER SIGNIFICANT CONDITIONS: NONE

DECEASED PROMULGATED DEAD: 11:30A, MONTH: 9, DAY: 3, YEAR: 1969, DATE SIGNED: 9-4-69

CERTIFYING OFFICER: F. Adler, SIGNATURE: [Signature], CITY OR TOWN: Munster, STATE: Indiana, ZIP: 46321

24b. MAUMEE CEMETERY, 24c. Johnson, Indiana

24d. Bocken Funeral Home, 24e. Kennedy Ave., Hammond, Indiana

25a. George L. Parker, 25b. C. E. [Signature]

SEP 5 1969

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STOP



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MAR 31 9 03 AM '70

ANDREW J. HICENKO
RECORDER

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HARMONIC HEALTH DEPT.
MAR 20 1970

Date issued

R. E. [Signature]
HARMONIC HEALTH COMMISSIONER

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