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STOP

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

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

- A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Headowl Land Manor Unit No. 1 Lot 13 Bl. 8 46-581-13

Ervin B. Cook REGISTRAR LICENSE NO. 1286

Form with fields for: PLACE OF BIRTH, USUAL RESIDENCE, CITY, TOWN, OR LOCATION, NAME OF HOSPITAL OR INSTITUTION, SEX, COLOR OR RACE, DATE OF BIRTH, AGE, OCCUPATION, FATHER'S NAME, MOTHER'S MAIDEN NAME, INFORMANT'S NAME, ADDRESS, CAUSE OF DEATH, TIME OF INJURY, ATTENDING PHYSICIAN, HEALTH OFFICER, BUREL CREMATION REMOVAL, DATE REC'D BY LOCAL HEALTH OFFICER, SIGNATURE OF HEALTH OFFICER, FUNERAL DIRECTOR'S NAME AND ADDRESS.

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HEALTH DEPT.
SENTINEL COPY
F. J. Rosenthal
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE MAY 1 3 1988