

77815

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

Below for State Office Use

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

Local No. 77815-70-1173

INDIANA STATE BOARD OF HEALTH
HEALTH OFFICER'S CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME
FIRST MIDDLE LAST SEX
1. **Captain HARRIS** 2. **male**
DATE OF DEATH (MONTH, DAY, YEAR)
3. **August 7, 1970**
FOR INSTRUCTIONS REFER TO THE PHYSICIAN'S, FUNERAL DIRECTOR'S AND MEDICAL EXAMINER'S/CORONER'S HANDBOOK.
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)
4. **Negro**
AGE—LAST BIRTHDAY (YEARS) MONTHS DAYS
5a. **69** 5b. **1** 5c. **1**
UNDER 1 YEAR UNDER 1 DAY
DATE OF BIRTH (MONTH, DAY, YEAR)
6. **July 6, 1901**
COUNTY OF DEATH
7a. **Lake**

CITY, TOWN, OR LOCATION OF DEATH
7b. **Gary**
INSIDE CITY LIMITS (SPECIFY YES OR NO)
7c. **yes**
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7d. **D.O.A. at Methodist Hospital**
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
8. **Alabama**
CITIZEN OF WHAT COUNTRY
9. **USA**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
10. **married**
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
11. **Mattie Harris**
SOCIAL SECURITY NUMBER
12. **307-20-4766**
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
13a. **Labor**
KIND OF BUSINESS OR INDUSTRY
13b. **Gary Tin Mill**
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION OF RESIDENCE BEFORE ADMISSION.
14a. **Indiana** 14b. **Lake**
CITY, TOWN OR LOCATION
14c. **Gary**
INSIDE CITY LIMITS (SPECIFY YES OR NO)
14d. **yes**
TOWNSHIP
14e. **Calumet**
IS RESIDENCE ON A FARM?
14g. YES NO

PARENTS
15. **Rich Harris**
MOTHER—MAIDEN NAME
16. **Lucinda Cox**
INFORMANT—NAME
17a. **Mrs. Mattie Harris**
RELATIONSHIP
17b. **wife**
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17c. **2205 Nichols Place, Gary, Ind. 46407**

THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM No. 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ACTS OF 1949 SECTION 1225. AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE: (See Item 18).

CAUSE
18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
(a) IMMEDIATE CAUSE
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:
Cerebral Vascular Accident
Arteriosclerosis
Sudden
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ABDREY J. JINGENKO

19. PART II. OTHER SIGNIFICANT CONDITIONS
AUTOPSY (YES OR NO)
19a. **No**
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
19b. **No**
CERTIFICATION—HEALTH OFFICER
P.J. Rosenbloom M.D.

1 (0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30)
20. DEATH OCCURRED AT
12 A M.
21. THE DECEDENT WAS PRONOUNCED DEAD ON:
Aug 7 1970 AT 12:30 M.

AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSES STATED
21c. NAME AND SIGN
P.J. Rosenbloom M.D.
MAILING ADDRESS
21d. **1479 Virginia St. Gary Ind. 46407**

BURIAL, CREMATION, REMOVAL (SPECIFY)
22a. **burial**
CEMETERY, CREMATORY, FUNERAL HOME
22b. **Evergreen**
LOCATION (CITY OR TOWN STATE FUNERAL HOME NUMBER)
22c. **Hobart, Indiana #239**
BURIAL—DATE MO. DAY YEAR
22d. **August 15, 1970**
FUNERAL HOME—NAME
22e. **Creswell's Funeral Drs.**
FUNERAL HOME—ADDRESS
22f. **2101 Edway Street, Gary, Indiana**

FUNERAL DIRECTOR—SIGNATURE
23c. **Roberta Mae Jennings**
HEALTH OFFICER—SIGNATURE
24a. **P.J. Rosenbloom M.D.**
DATE RECEIVED BY HEALTH OFFICER
24b. **AUG 14 1970**



EMBALMER'S NAME: **Roberta Mae Jennings**
LICENSE NO.: **2221**
FUNERAL DIRECTOR'S LICENSE NO.: **2221**

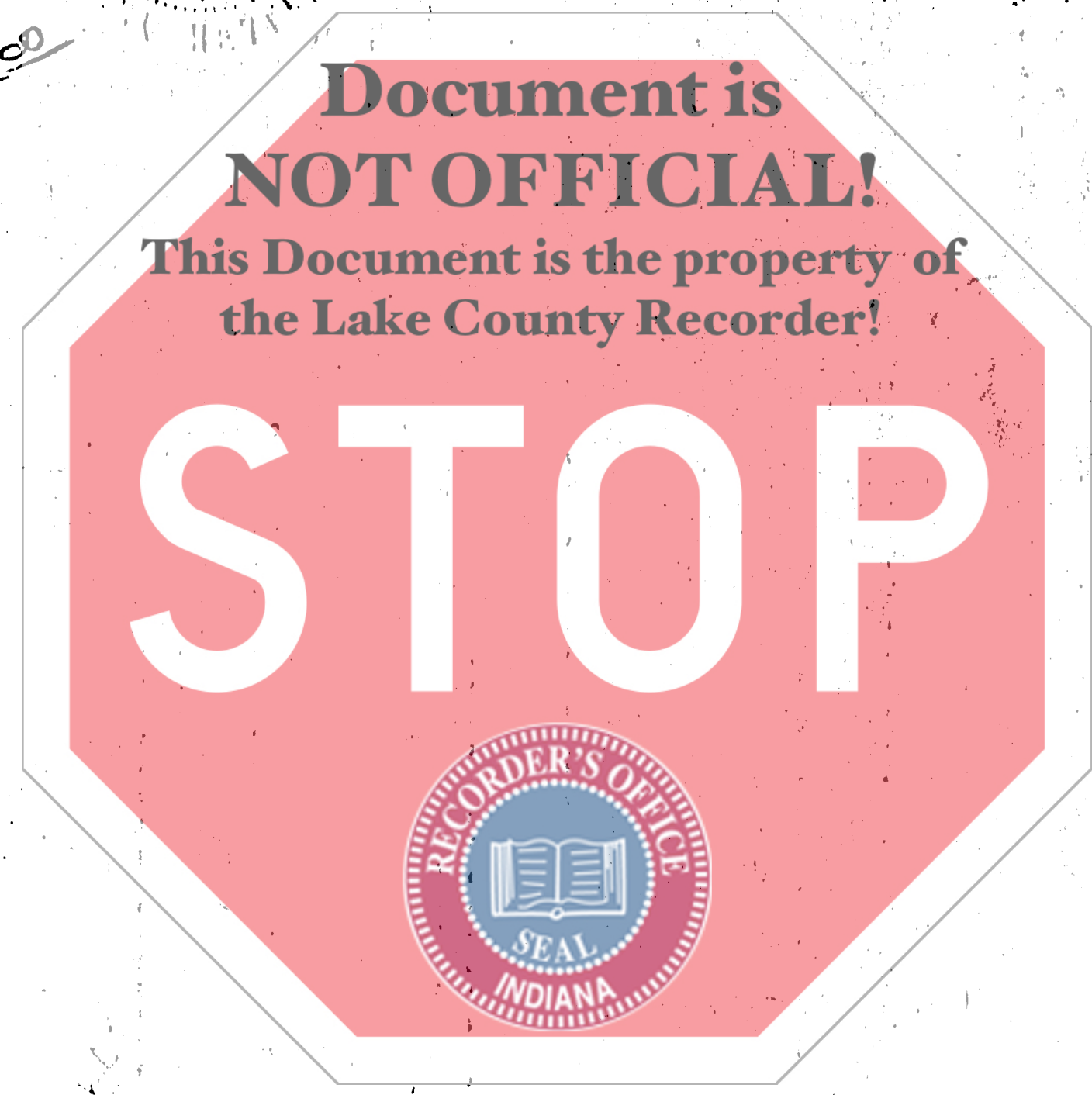
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9021

BURIAL

6-24-43

77815

Joe



RECEIVED COPY
J. Rosinblom
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE AUG 14 1974