

602506

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

*Send bill to Pulaski College  
at least 5 B.L.  
47-42945*

*250*  
MARRIAGE NAME: Roosevelt Allen  
FUNERAL HOME: Pulaski College  
LICENSE NO: 5170  
FUNERAL DIRECTOR: James L. Allen  
LICENSE NO: 370

602506

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

*Fred L. Jones*  
600 E 52nd St  
Gary  
46402

CCS  
153

Local No. 77-0447

DECEASED		NAME		SEX		DATE OF BIRTH		AGE	
James O. Sheriff		Male		May 27, 1917		60			
RACE		RELIGION		MARRIAGE		EDUCATION		OCCUPATION	
Negro		64		Married		U.S. Army		Retired	
RESIDENCE		ADDRESS		CITY		STATE		COUNTY	
1207 E. 19th Ave.		Gary		Indiana		Lake		Crown Point	
FATHER		MOTHER		SPOUSE		CHILDREN		OTHER	
John Sheriff Sr.		Mary Terrel		Gertrude Sheriff		19th Ave. Gary, Indiana			
DEATH WAS CAUSED BY		IMMEDIATE CAUSE		CONDITIONS OF DEATH		MANNER OF DEATH		PLACE OF DEATH	
CORONARY HEART DISEASE		NATURAL		NATURAL		NATURAL		NATURAL	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CITY		STATE	
12:00 A.M.		5/27/77		17:00 A.M.		Crown Point		Indiana	
CORONER		SIGNATURE		DATE		PLACE		STATE	
WILLIAM H. NOTT M.D.		<i>William H. Nott</i>		5/28/77		Crown Point		Indiana	

*5/27/77*  
*REC'D & FILED*  
*STATE OF INDIANA*  
*DEPT. OF HEALTH*

602506

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*E. M. Caldwell, M.D.*  
CERTIFIED COPY  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE: OCT. 9 1980