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

**LAWYERS TITLE INS. CORP
7035 BROADWAY
MERRILLEVILLE, IND 46411**

STATE OR COUNTY PLAINLY WITH UNFAIRING INK		STATE OR COUNTY PLAINLY WITH UNFAIRING INK	
CITY, TOWN, OR LOCATION Gary		CITY, TOWN, OR LOCATION Indiana Gary	
NAME OF HOSPITAL OR INSTITUTION Notched		ADDRESS 1600 Polk	
PLACE OF DEATH (NAME CITY, STATE)		PLACE OF DEATH (NAME CITY, STATE)	
YEAR MO.		YEAR MO.	
DECEASED (If not a person)		DECEASED (If not a person)	
F. COLOR OR RACE		G. DATE OF BIRTH	
Caucasian		Feb. 25, 1915	
H. OCCUPATION		I. AGE AT DEATH	
House maker		51	
J. MOTHER'S NAME		K. FATHER'S NAME	
Anna Lazorth		Penn.	
L. RELATIONSHIP TO DECEDENT		M. RELATIONSHIP TO DECEDENT	
Husband		Husband	
REASON FOR DEATH			
10. CAUSE OF DEATH (State only one cause per box for 10, 11, and 12) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE BY <i>Related Condition</i>			
11. DUE TO DE <i>Related Pulmonary Infarct</i>			
12. DUE TO DE <i>Coronary Artery Throat</i>			
INCUBATION PERIOD OR DEATH AND INJURY OCCURRED. (Leave blank if death or injury occurred at same time)			
13. TIME OF INJURY INJURY P.M. 14. PLACE OF INJURY (if not above WHILE AT WORK)			
15. CITY, TOWN, OR LOCATION COUNTRY			
ATTENDING PHYSICIAN : I certify that I examined the deceased from <u>3/14/64</u> to <u>3/14/64</u> and that he died on <u>3/14/64</u> . Death occurred at <u>1614 Polk</u> on the date stated above and to the best of my knowledge, there was no previous illness.			
16. ADDRESS <u>3075 Broadway</u> , <u>Ind.</u>			
17. DATE REC'D. 10-29-1966			
18. NAME OF CLERK OR DIRECTOR OF HEALTH OFFICES Ridge Linn			
19. SIGNATURE <u>Ridge Linn</u>			
20. APPROVAL Linton & McPolly, Indiana, Gary, Ind.			

Form 607060 Rev'd 1-1-66 U. S. Department of Health, Education and Welfare. Form Approved Federal Bureau No. 67-2376

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E. N. Caldwell, M.D.
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, INDIANA
DATE JUN 21 1979