

631192

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

Below the lines enter the

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631192
 FURNERAL HOME
 FURNERAL DIRECTOR
 SIGNATURE
 CHALMERS WASH...
 FURNERAL DIRECTOR
 SIGNATURE
 W. J. ...
 FURNERAL DIRECTOR
 SIGNATURE
 W. J. ...

631192 78-0202

INDIANA STATE BOARD OF HEALTH 5525 Broadway
CORONER'S CERTIFICATE OF DEATH North No. Gary 46410

William H. Davis
3/15/1978

Local No. _____

PERMANENT USE
SEE INSTRUCTIONS

DECEASED
1. NAME (LAST, FIRST, MIDDLE)
JETTIE MAE BRADLEY
2. SEX
Female
3. RACE
Black
4. DATE OF BIRTH (MONTH, DAY, YEAR)
3-7-78
5. PLACE OF BIRTH (CITY, TOWN, OR LOCATION)
Lake, Ind.

6. STATE OF BIRTH (IF NOT IN U.S.)
Alabama
7. COUNTRY OF BIRTH
USA
8. SOCIAL SECURITY NUMBER
617-32-6767
9. MARITAL STATUS (MARRIED, SINGLE, DIVORCED, WIDOWED)
Divorced
10. HUSBAND'S NAME (LAST, FIRST, MIDDLE)
Arthur Bailey
11. HUSBAND'S ADDRESS (CITY, TOWN, OR LOCATION)
Gary, Ind.
12. HUSBAND'S OCCUPATION (IF KNOWN)
Horsekeeper
13. HUSBAND'S DATE OF DEATH (MONTH, DAY, YEAR)
Ind. 1978
14. CITY, TOWN, OR LOCATION
GARY, IND.
15. STREET ADDRESS (CITY, TOWN, OR LOCATION)
2156 McKinley St., Gary, Ind.

16. MOTHER'S NAME (LAST, FIRST, MIDDLE)
Jessie Blakey
17. MOTHER'S ADDRESS (CITY, TOWN, OR LOCATION)
GARY, IND.
18. FATHER'S NAME (LAST, FIRST, MIDDLE)
Pam Aaron
19. FATHER'S ADDRESS (CITY, TOWN, OR LOCATION)
GARY, IND.

20. DEATH WAS CAUSED BY (SPECIFY ONLY ONE CAUSE PER LINE FOR M, S, AND M)
M. Cerebral Aneurysm
S. Gasshot
M. Gasshot

21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (GIVEN IN PART I)
None

22. APPROXIMATE TIME OF DEATH (MONTH, DAY, YEAR)
3/7/78
23. PLACE OF DEATH (CITY, TOWN, OR LOCATION)
2156 McKinley St., GARY, IND.

24. CORONER'S CERTIFICATION (ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED)
DEATH OCCURRED
DATE: 3/7/78
TIME: 6:51 P.M.
INDICATOR: 77
YEAR: 1978
SIGNATURE: Albert T. Hillard, M.D.
ADDRESS: 2293 North Main St., Crown Point, Indiana 46307

25. BUREAU OF VITAL STATISTICS (CITY, TOWN, OR LOCATION)
GARY, IND.
26. DATE OF BIRTH (MONTH, DAY, YEAR)
3-7-78
27. PLACE OF BIRTH (CITY, TOWN, OR LOCATION)
Lake, Ind.

28. DATE OF DEATH (MONTH, DAY, YEAR)
3-11-78
29. PLACE OF DEATH (CITY, TOWN, OR LOCATION)
GARY, IND.

30. SIGNATURE OF LOCAL HEALTH OFFICER
W. J. ...
DATE: 3/15/1978

681192

E. M. Callahan, M.D.

HEALTH COMMISSIONER
CITY OF CANTON, IND.
MAY 26 1981
DREB