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2636101

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

John S. Bates  
7045 California A.  
Hammond 46323  
State No. \_\_\_\_\_

Local No. \_\_\_\_\_

EMBALMER'S NAME: \_\_\_\_\_  
LICENSE No. 1100

Unit 26 Key 34-79-14  
St. 13 Do. 25 ft  
St. 14 No. 25 ft  
Newville Heights Add

680  
**FILED**  
JUL 9 1981  
FUNERAL DIRECTOR LICENSE No. \_\_\_\_\_

Permit \_\_\_\_\_  
Date \_\_\_\_\_  
No. \_\_\_\_\_

DECEASED

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
ANNA MAE BYRD FEMALE JANUARY 2, 1971

2. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) AGE—LAST BIRTHDAY (YEARS, MOS., DAYS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH  
White 54 94 5-5-1917 Lake

3. CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
Hammond 7045 California Ave.

4. STATE OF BIRTH (IF NOT IN U.S.A.) COUNTRY OF BIRTH MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)  
New Jersey 10 married

5. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY  
314-26-8711-07 13a. 13b. 13c. 13d.

6. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP  
14a. Indiana 14b. Lake 14c. Hammond 14d. North

7. STREET AND NUMBER IS RESIDENCE ON A FARM?  
14e. 7045 California Ave. 14f. YES  NO

8. PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST  
15. Nixon D. Bates 16. Anna McGowan

9. INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
17a. William Bates 17b. 7045 California Ave.

PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) Carcinoma of breast (b) Diffuse metastasis (c) \_\_\_\_\_  
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19. DEATH OCCURRED (HOUR) MONTH DAY YEAR HOUR DATE SIGNED (MONTH, DAY, YEAR)  
20a. 7:30a M. 1975. January 2, 1971 7:30am M. 21a. January 4, 1971

20b. CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (TYPE OR TITLE)  
20c. D. Schlesinger, M.D. 20d. D. Schlesinger, M.D.

21. MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP  
21a. 7905 Calumet Avenue Munster Indiana 46321

22. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER  
22a. Burial 22b. St. Joseph 22c. Hammond, Indiana 22d. 205

23. DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
23a. 1-5-71 23b. C. J. Huber 702-165th St., Hammond, Indiana 46321

24. FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER  
24a. C. J. Huber 24b. [Signature] 24c. 1-4-71

WILLIAM BATES JR.  
RECORDER  
JUL 13 12 05 PM '81

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THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

APR 29 1916

*C. E. [Signature]*

Date issued

HAMMOND HEALTH COMMISSIONER