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DEC 2 1981

ADULTOR LAKE COUNTY

LICENSE No. 4260

EMBALMER'S NAME: Ede Warner

FUNERAL DIRECTOR'S SIGNATURE: *Ede Warner*

FUNERAL DIRECTOR'S LICENSE No. 1984

FUNERAL HOME No. 248

Local No. **80 0637**

652230-301007

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Mildred Perry
130 Taft St
Gary 46408
State No. _____

140

DECEASED—NAME FIRST MIDDLE LAST MARY PERRY		SEX FEMALE	DATE OF DEATH (MONTH DAY YEAR) AUGUST 5, 1980
RACE—(See 1. White, Black, American Indian, etc. (Specify)) AMER. BLK.	AGE—Last birthday (Full) 66	DATE OF BIRTH (Mo. Day Year) 23 FEB. 1914	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH GARY		HOSPITAL OR OTHER INSTITUTION—(Name if not on other page and number) GARY METHODIST HOSPITAL	
STATE OF BIRTH (If not in U.S.A. name country) TENNESSEE		CITIZEN OF WHAT COUNTRY U.S.A.	
SOCIAL SECURITY NUMBER 312-70-4453		KIND OF BUSINESS OR INDUSTRY HOMEMAKER	
RESIDENCE—STATE INDIANA		RESIDENCE—COUNTY LAKE	
STREET AND NUMBER 130 TAFT STREET		RESIDENCE ON A FARM? NO	
DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		INSIDE CITY LIMITS (Specify Yes or No) YES	
FATHER—NAME FIRST MIDDLE LAST JOHN NEWSOM		MOTHER—MAIDEN NAME FIRST ANNIE	
INFORMANT—NAME (Type on print) RELATIONSHIP MYRA CROWDER (DAUGHTER)		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN 130 TAFT STREET GARY INDIANA 46404	
DISPOSITION BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION OAKHILL CEMETERY GARY INDIANA	
DATE (MONTH DAY YEAR) AUGUST 9, 1980		FUNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP SMITH BIZZELL & WARNER, INC., 2295 WASH. ST., GARY, IND. 46407	
NAME OF ATTENDING PHYSICIAN (Type on print) DR. BRIAN WEISS, M.D.		DATE SIGNED (Mo. Day Year) AUG 7 1980	
MAILING ADDRESS—PHYSICIAN 535 WEST 35th AVENUE GARY, INDIANA 46408		HOUR OF DEATH	
HEALTH OFFICER—SIGNATURE <i>Ede Warner</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER AUG 7 1980	
PART I (a) IMMEDIATE CAUSE Acute myocardial Infarction		PART II (a) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I)	
PART I (b) DUE TO OR AS A CONSEQUENCE OF		PART II (b) OTHER SIGNIFICANT CONDITIONS	
PART I (c) DUE TO OR AS A CONSEQUENCE OF		PART II (c) OTHER SIGNIFICANT CONDITIONS	
PART I (d) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I)		PART II (d) OTHER SIGNIFICANT CONDITIONS	

DEC 2 9 1981
WILLIAM B. RECORDS
STATE OF INDIANA
LAKE COUNTY
GARY, INDIANA

Bury Lane Co. in 5th lot.
Side of lot 6 Bl. 20
all of lot 7 Bl. 20
Very 44-214-7

8
E. N. Caldwell, M.D.

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE AUG 7 1980