

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

Below for State Office

FILED

JUL 19 1982

Ph. Allen
Bl. 7
#45-366

BALMER'S NAME: Roosevelt Allen

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*

FUNERAL HOME: 770
FUNERAL DIRECTOR'S LICENSE No. 270
EDITOR LAKE COUNTY

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

CAUSE

3cc

678341
82-0359

Local No.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE, IND 46410
3927M
689

DECEASED—NAME 1. Mable L. Wilson			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. May 22, 1982
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. Black	AGE—Last Birthday (Yrs.) 5a. 77	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. 6/23/1904
CITY, TOWN OR LOCATION OF DEATH 7b. Gary		HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) 7c. St. Mary's Medical Center		IF HOSP OR INST. Indicate DOA Of/Emet. Rm., Inpatient (Specify) 7d.
STATE OF BIRTH (if not in U.S.A. name country) 8. Miss.	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (if wife, give maiden name) 11. Eddie Wilson Sr.	
SOCIAL SECURITY NUMBER 13. 312-10-9683		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Housewife	KIND OF BUSINESS OR INDUSTRY 14b.	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Gary		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 1724 Polk St.		INSIDE CITY LIMITS. (SPECIFY YES OR NO) 15f. yes		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. George Funches		MOTHER—MAIDEN NAME 17. Mariah Brown		
INFORMANT—NAME (Type or Print) 18a. Eddie Wilson Sr. (Husband)	RELATIONSHIP	MAILING ADDRESS 18b. 1724 Polk St.	CITY OR TOWN 18c. Gary, Indiana	STATE, ZIP 18d. 46407
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b. Evergreen Cemetery		LOCATION 19c. Hobart, Indiana	
DATE (MONTH, DAY, YEAR) 20a. 5/27/82	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, I.			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: 21a. (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 5-26-82	HOUR OF DEATH 21c.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Dr. Venkatram R. Garlapati				
MAILING ADDRESS—PHYSICIAN 21e. 8500 Broadway Merrillville, Indiana 46410				
HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. JUN 1 1982	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART I (a) Possible intracranial hemorrhage and respiratory arrest (b) Pneumonia (c) Starve to Dehydration				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				

LIAN RITSKI
RECORDED
JUN 20 1982

1000

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CERTIFIED COPY
E. M. Caldwell, M.D.

HEALTH COMMISSIONER

CITY OF GARY, IND.

JUN 1 1982

DATE