BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

FUNERAL DIRECTOR'S COPY

PERMANENT RECORD

	First: Beverly	Middle: -	Last: Matory	3. Sex: male	4. Date of death (month, day, year): September 26, 1944	
5. Color or race: black	6. Age (last birthday) (years): 45	6a. If under 1 year (months, days):	6b. If under 1 day (hours, min.):	7. Date of birth (month, day, year): 6-1-99	7a. County of death: La Porte	
8. City, town, or location of death: Michigan City	8a. Inside city limits (Specify yes or no):	8b. Hospital or other institution—name (If not in either, give street and number): Clinic Hospital				
DECEASED	9. State of birth (If not in U.S.A., name country): Mississippi	9a. Citizen of what country:	10. Married ☒ Never married ☐ Widowed ☐ Divorced ☐	11. Surviving spouse (If wife, give maiden name): Charlotte Matory		
USUAL RESIDENCE (Where deceased lived. If death occurred in institution, give residence before admission.)	12. Social Security number:	12a. Usual occupation (Give kind of work done during most of working life, even if retired): chipper	12b. Kind of business or industry: steel mill			
	13. Residence—State: Ind.	13a. County: --	13b. City, town or location: East Chicago	13c. Inside city limits (Specify yes or no):	13d. Township:	
	14. Street and number: 4828 Alexander - Ind. Harbor	14a. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	14b. If residence on a farm: Yes ☐ No ☐			
PARENTS	15. Father—Name: First Brady Middle - Last Matory	16. Mother—Maiden name: First Annie Middle - Last Anderson				
	17. Informant—Name: Charlotte Matory	17a. Relationship: wife	17b. Mailing address (Street or R.F.D. No., City or Town, State): East Chicago, Ind.			

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for a, b, and c.)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	(a) [illegible] Failure	2 mos.
	(b) Myocardial degeneration	3 mos.
	(c)	

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

19. Autopsy: Yes ☐ No ☐ — 19a. If female: pregnancy within past year / not pregnant within past year / pregnancy not determined — 19b. If accident, homicide or suicide: cause of injury: Yes ☐ No ☐

20. Date of death: Month 9	Day 26	Year 44	Hour 4 P. M.	21. Date signed: Month 9	Day 27	Year 44	
22. Physician's name (Type or print): David C. Strauss, M.D.	22a. Signature of physician:	22b. Phys. code no.					
23. Mailing address—Physician: Street or R.F.D. No.:	City or Town: Michigan City, Ind.	State:	Zip:				

DISPOSITION

24. Burial, cremation, removal (Specify): Removal	24a. Cemetery, crematory, funeral home: Fern Oak	24b. Location—City or Town: Gary, Indiana	State:
24d. Date (Month, day, year): 9-29-44	24c. Funeral home—Name and address: John Hinton	E. Chicago, Ind.	(Street or R.F.D. No., City or Town, State, Zip)
25. Signature:	25a. Health officer—Signature:	25b. Date received by local health officer: 9-27-44	

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FUNERAL DIRECTOR'S SIGNATURE

Address: Valparaiso, Ind. R 2 Box 19.

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