

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

Below for State Office Use

A \_\_\_\_\_  
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Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

JUL 8 1983

FILED

EMBALMER'S NAME: BOB COLEMAN JR

LICENSE No. 4523

FUNERAL DIRECTOR'S  
SIGNATURE: *[Signature]*  
FUNERAL HOME  
No. 456  
LANSING LAKE COUNTY

FUNERAL DIRECTOR'S  
LICENSE No. 2351

40  
20  
715560  
78-0574  
Local No.

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

34179 LAWYERS TITLE INS, CORP.  
7895 BROADWAY  
MERRILLVILLE, IND 46410  
No.

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

DECEASED - NAME FIRST MIDDLE LAST <b>FANNIE M WATSON</b>			SEX <b>FEMALE</b>	DATE OF DEATH (MONTH DAY YEAR) <b>AUGUST 3 1978</b>	
RACE - (1) White (2) Black (3) American Indian, etc. (Specify) <b>NEGRO</b>	AGE - (1) Last Birthday (Pre) (Post) <b>80</b>	UNDER 1 YEAR MOB DAYS <b>80</b>	UNDER 1 DAY HOURS MIN <b>APRIL 21 1898</b>	DATE OF BIRTH (Mo Day Yr) <b>APRIL 21 1898</b>	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH <b>GARY</b>		HOSPITAL OR OTHER INSTITUTION - (No. of building or other given street and number) <b>MERCY HOSPITAL</b>		IF HOSP OR INST Indicate BDA, GP, Hosp, R, or Agency (Specify) <b>inpatient</b>	
STATE OF BIRTH (If not in U.S. name country) <b>ALA</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	SURVIVING SPOUSE (If one give name and no.) <b>NONE</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? <b>NO</b>
SOCIAL SECURITY NUMBER <b>304 42 3089</b>		USUAL OCCUPATION (Give kind of work done during most of working life - specify retired) <b>RETIRED</b>		KIND OF BUSINESS OR INDUSTRY <b>SCHOOL TEACHER</b>	
RESIDENCE - STATE <b>INDIANA</b>	COUNTY <b>LAKE</b>	CITY, TOWN OR LOCATION <b>GARY</b>		15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER <b>1700 ELLWORTH STREET</b>		15c RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify YES OR NO) <b>YES</b>	
15d DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>NO</b>					
FATHER NAME FIRST MIDDLE LAST <b>ARCHIBALD BROMNE</b>		MOTHER FIRST MIDDLE <b>AMANDA</b>		MARRIAGE ALIEN REGISTRATION NO. <b>1700 ELLSWORTH ST GARY, INDIANA</b>	
MOTHER'S MAIDEN NAME <b>DELORES KYLES</b>		CITY OR TOWN <b>GARY, INDIANA</b>		STATE <b>INDIANA</b>	
19a BURIAL DATE (MONTH DAY YEAR) <b>AUGUST 7 1978</b>		19b OAK HILL CITY OR TOWN <b>GARY, INDIANA</b>		19c GARY, INDIANA CITY OR TOWN, STATE (Zip) <b>GARY, INDIANA</b>	
20a <b>AUGUST 7 1978</b>		20b <b>WELL COLEMAN FUNERAL HOME</b>		20c <b>4 Aug 78</b>	
21a <b>2656 West St. Gary, Indiana</b>		21b <b>4 Aug 78</b>		21c <b>M</b>	
22a <b>E. H. Colwell, M.D.</b>		22b <b>AUG 7 1978</b>		22c <b>2 days</b>	
23a <b>Congestive heart failure</b>		23b <b>Metastatic carcinoma of breast</b>		23c <b>2 years</b>	
24a <b>lung lesions</b>		24b <b>lung lesions</b>		24c <b>lung lesions</b>	

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
WILLIAM BIELSKI SR  
RECORDED  
JUL 11 9 17 AM '83

copy of

34179  
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*James P. ...*  
-C E D I E D C 9 M D.  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE 3/28/83