

LAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE, IND 46410

715561

LAKE COUNTY BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 1728-82

State No.

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

Form for State Office Use

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FUNERAL HOME
No. 770

FUNERAL DIRECTOR'S
LICENSE No. 270

HEALTH COMMISSIONER

EMBALMER'S NAME: *James A. Potts*
FUNERAL HOME: *Potts Funeral Home*
SIGNATURE: *James A. Potts*
AUDITOR: LAKE COUNTY

DECEASED		M. Delores Kyles		Female	Oct. 18, 1982
1. RACE	2. SEX	3. DATE OF BIRTH	4. COUNTY OF BIRTH	5. DATE OF DEATH	
Black	F	9/28/1934	Lake	Oct. 18, 1982	
6. CITY, TOWN OR LOCATION OF DEATH		7. HOSPITAL OR OTHER INSTITUTION		8. INP.	
Hobart		Hobart Mercy Hospital		Inp.	
9. STATE OF BIRTH		10. DIVORCED		11. NO	
Indiana		U.S. A.		NO	
12. SOCIAL SECURITY NUMBER		13. USUAL OCCUPATION		14. CITY, TOWN OR LOCATION	
394-35-6104		Secretary		Gary Office of Economic Devel	
15. STATE OF BIRTH		16. COUNTY		17. CITY, TOWN OR LOCATION	
Indiana		Lake		Gary	
18. STREET AND NUMBER		19. IS RESIDENT ON A FARM?		20. WERE CITY LIMITS	
1700 Ellsworth St.		No		yes	
21. IS ENCLOSED OR SPANDED DEWET? IF YES, STATE WITH AN CLEAR NUMBER BY AN ETC		22. IS THIS STILL WITH AN CLEAR NUMBER BY AN ETC		23. YES	
24. PARENTS		25. RELATIONSHIP		26. STREET OR CARE	
Homer B. Watson		Fannie Mae Browne		1570 Wallace St. Gary, Indiana 46404	
27. NAME OF DECEASED		28. DATE OF DEATH		29. FUNERAL HOME	
Wiley B. Kyles (Son)		10/22/82		Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind	
30. NAME OF ATTESTING PHYSICIAN		31. ADDRESS		32. DATE RECEIVED BY LOCAL HEALTH OFFICER	
KRISTINAW T. POTTI M.D.		8300 Broadway, Merrillville IND 46441		10-26-82	
33. CAUSE		34. METASTATIC CARCINOMA		35. CARCINOMA OF LUNGS	

SDH 09-001 State Form 35430
REV 10 77

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WILLIAM BIELSKI JR
RECORDER
JUL 19 9 17 AM '83

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