

2
TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

FILED
JUL 13 1983
Lucy O. B. [Signature]

2nd Oak Park Ave
Bl. 622
Key #46-217-9

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: Roosevelt, Allen
FUNERAL DIRECTOR'S SIGNATURE: [Signature]
LICENSE No. [Blank]
FUNERAL HOME LICENSE No. 270
FUNERAL HOME No. 770
ADAMS TOWNSHIP COUNTY

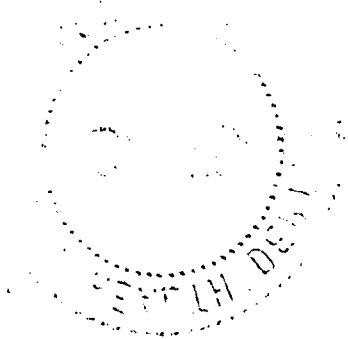
Local No. 75-0961716233

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

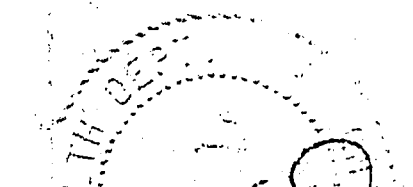
34408
LAWYERS TITLE INS. CORP.
7895 RPO
HARRISVILLE IN 46410

DECEASED—NAME 1. Snie Ferguson		SEX 2. Female	DATE OF BIRTH 3. Sept. 8, 1975	COUNTY OF DEATH 4. Lake
RACE 4. Negro	AGE—LAST BIRTHDAY (YEARS) 5a. 78	UNDER 1 YEAR MOO. DAYS 5b.	UNDER 1 DAY HOUR MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 12/16/1898
CITY, TOWN, OR LOCATION OF DEATH 7b. Gary.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. 2532 Jackson St.	
STATE OF BIRTH (IF NOT IN U.S.A.) 8. Mississippi		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) 10. Andrew Ferguson
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 11. Housewife		SOCIAL SECURITY NUMBER 12. [Blank]		KIND OF BUSINESS OR INDUSTRY 13b.
RESIDENCE—STATE 14a. Indiana	COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Gary	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	TOWNSHIP 14e. Colmet
STREET AND NUMBER 14f. 2532 Jackson St.		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15 RESIDENCE ON A FARM? no
FATHER—NAME FIRST MIDDLE LAST 15. Andrew Ferguson		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Eliss Clark		
INFORMANT—NAME 17a. Andrew Ferguson		RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 2532 Jackson St. Gary, Indiana 46407	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
18. IMMEDIATE CAUSE (a) Cerebrovascular Accident		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Unknown		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) Arteriosclerosis and Hypertension		STATE OF INDIANA CLERK OF SUPERIOR COURT CLERK OF DISTRICT COURT CLERK OF PROBATE COURT CLERK OF CHANCERY COURT CLERK OF COMMON PLEAS COURT CLERK OF COUNTY COURT CLERK OF JUDICIAL CIRCUIT COURT CLERK OF TOWNSHIP COURT CLERK OF VILLAGE COURT CLERK OF TOWNSHIP BOARD CLERK OF VILLAGE BOARD CLERK OF TOWNSHIP BOARD CLERK OF VILLAGE BOARD		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) Coronary Heart disease		AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>		IF THE ABOVE FINDINGS CONSIDERED SUFFICIENT CAUSE OF DEATH 19a. YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE & TIME OF DEATH 20. Sept 8 1975 3:15 P.M.		DATE SIGNED 21a. Sept 18 1975		
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. ELON DEBOIS		SIGNATURE OF PHYSICIAN 22b. [Signature]		PHY. CODE NO. [Blank]
MAILING ADDRESS—PHYSICIAN 23. 2200 GRANT ST GARY INDIANA 46404				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. Fern Oaks Cemetery		LOCATION 24c. Gary, Indiana
DATE (MONTH, DAY, YEAR) 24d. 9/12/75		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Indiana		
HEALTH OFFICER—SIGNATURE 25b. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 26. SEP 24 1975		

34468
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James J. [Signature]
HEALTH COMMISSIONER
CITY OF GARY, IND.



CERTIFIED COPY
SEP 24 1975