

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

40
772132
Local No. 67-1528

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No. 735-10-111-10317
Indiana, Republic

| | | | | | |
|---|------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Lake | | 1. USUAL RESIDENCE (Where deceased lived if institution, residence before admission) a. STATE Indiana | | b. COUNTY Lake | |
| 5. CITY, TOWN, OR LOCATION Gary | | c. Length of Stay in b | | c. CITY, TOWN, OR LOCATION Gary | |
| d. NAME OF HOSPITAL OR INSTITUTION Methodist Hospital | | d. STREET ADDRESS 3361 Mass. | | | |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 1. NAME OF DECEASED (Type or print) First Middle Last HARRY YOKOFUJITA JR. | | 7. DATE OF DEATH Month Day Year 11-10-1967 | | | |
| 1. SEX M | 6. COLOR OR RACE Japanese | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 7-3-1918 | 9. AGE (In years last birthday) 49 | 10. UNDER 1 YEAR Months Days Hours Mins. |
| 10a. OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Marbon Chem. Company | | 11. BIRTHPLACE (State or foreign country) Indiana | |
| 12. FATHER'S NAME Harry Yokofujita, Sr. | | 13. MOTHER'S MAIDEN NAME Mary Hulus | | | |
| 14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no | | 15. SOCIAL SECURITY NO. 315 09 6500 | | 16a. INFORMANT'S NAME Mrs. Violet Bolinsky | |
| 16b. INFORMANT'S ADDRESS 361 E. 36th Ave., Gary, Ind. | | | | 16c. RELATIONSHIP TO DECEASED Sister | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Renal failure (Demin)</u> DUE TO (b) <u>Acute glomerulonephritis</u> DUE TO (c) <u>Malignant Hypertension</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 mo. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ILLNESS CONDITION GIVEN IN PART I. (a) <u>None</u> | | | | | |
| 20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (State nature of injury in Part I. State date in Part II.) | | | |
| 20c. TIME OF INJURY Hour Month Day Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>Oct. 1967</u> to <u>death</u> and last saw him alive on <u>11-9-67</u> . Death occurred at <input checked="" type="checkbox"/> HST on the date stated above; and to the best of my knowledge, from <input type="checkbox"/> HST if causes stated. | | | 22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at <input type="checkbox"/> HST <input type="checkbox"/> HST from causes stated and on above date. | | |
| 23a. Signature of Attending Physician or Health Officer <u>Allen J. [Signature]</u> | | 23b. ADDRESS <u>3361 Mass.</u> | | 23c. DATE SIGNED <u>11-10</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-11-1967 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary | |
| 24d. LOCATION Portage, Ind. | | | | | |
| DATE ISSUED BY LOCAL HEALTH OFFICER NOV 10 1967 | | SIGNATURE OF HEALTH OFFICER <u>[Signature]</u> | | 25. FUNERAL DIRECTOR Linton & McColly, Inc., Gary, Ind. | |

DECEASED'S NAME: Bohland McColly LICENSE NO. 5123
FUNERAL DIRECTOR'S LICENSE NO. 2124

Name of State Office Use
A
B
C
D
E
F
G
H
I
J
1
2
3
4
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8

Disposition Permit Issued 1/1
Provisional Certificate
 Yes No

STATE OF INDIANA
LAW ENFORCEMENT
AUDITOR
COUNTY
S.S. NO.
10300

1777

Mark T.

HEALTH COMMISSIONER
CITY OF GARY, INDIANA
AUG 29 1984