



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

Below for State Office Use

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 471

Local No. 1738-83

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

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

1 DECEASED—NAME FIRST MIDDLE LAST <b>ANNIE L. MARLOW</b>		SEX FEMALE	DATE OF DEATH (MONTH DAY YEAR) OCT. 19, 1983
2 RACE—(to g. White Black American Indian, etc. (Specify)) White	3 AGE—Last Birthday (Yr.) 5a 70	4 UNDER 1 YEAR MOS. DAYS 5b	5 UNDER 1 DAY HOURS MINS. 5c
6 DATE OF BIRTH (Mo. Day Yr.) AUG. 4, 1913		7 COUNTY OF DEATH LAKE	
8 CITY, TOWN OR LOCATION OF DEATH MUNSTER		9 HOSPITAL OR OTHER INSTITUTION (Name if not in a hospital give street and number) COMMUNITY HOSPITAL	
10 STATE OF BIRTH (If not in U.S.A. name country) Tennessee		11 CITIZEN OF WHAT COUNTRY U.S.A.	
12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		13 SURVIVING SPOUSE (If wife give maiden name) 11	
14 SOCIAL SECURITY NUMBER 422-18-7277		15 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housekeeping Dept.	
16 RESIDENCE—STATE INDIANA		17 KIND OF BUSINESS OR INDUSTRY St. Margaret Hospital-Retire	
18 RESIDENCE—COUNTY LAKE		19 CITY, TOWN OR LOCATION HAMMOND	
20 STREET AND NUMBER 2948 GIBSON		21 IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22 INSIDE CITY LIMITS (Specify YES or NO) yes		23 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24 FATHER—NAME FIRST MIDDLE LAST N/A		25 MOTHER—MAIDEN NAME FIRST MIDDLE LAST N/A	
26 INFORMANT—NAME (Type or print) RELATIONSHIP Andrew D. Marlow-Son		27 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 7806 Mount Street Merrillville, Indiana 46410	
28 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		29 CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Chapel Lawn Mem. Gardens Schererville, Indiana	
30 DATE (MONTH DAY YEAR) October 22, 1983		31 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) BOCKEN FUNERAL HOME 7042 Kennedy Ave. Hammond, Indiana 46323	
32 To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated Malaria		33 DATE SIGNED (Mo., Day Yr.) OCT. 19, 1983	
34 NAME OF ATTENDING PHYSICIAN (Type or Print) MICHAEL A. KEER, D.O.		35 HOUR OF DEATH 4:30 A.M.	
36 MAILING ADDRESS—PHYSICIAN 8235 CALUMET AVE SUITE A. MUNSTER, IND. 46321		37 HEALTH OFFICER—SIGNATURE Peer Frey M.D.	
38 DATE RECEIVED BY LOCAL HEALTH OFFICER 10-20-83		39	
40 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		41 Interval between onset and death	
42 PART I (a) MYOCARDIAL INFARCTION DUE TO OR AS A CONSEQUENCE OF		43 Interval between onset and death	
44 (b) SYSTEMIC LUPUS ERYTHEMATOSUS, DUE TO OR AS A CONSEQUENCE OF		45 Interval between onset and death	
46 (c)		47 Interval between onset and death	
48 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) DIABETES MELLITUS, HYPERTENSION, ISCHEMIC HEART DISEASE		49 AUTOPSY (Specify Yes or No) NO	

THIS IS A COPY OF THE MEDICAL CERTIFICATE OF DEATH  
 WHICH IS FILED WITH THE LAKE COUNTY HEALTH DEPT.  
 ON FILE WITH THE # 100126837 59-13  
 1350

EMBALMER'S NAME John C. Ault  
 FUNERAL DIRECTOR'S SIGNATURE Peer Frey  
 FUNERAL HOME LICENSE NO. 16883  
 COMMISSIONER'S LICENSE NO. 280  
 LAKE COUNTY HEALTH COMMISSIONER'S SIGNATURE

6  
7  
8  
9  
10  
11  
12