

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

10e
776133 84-0578

Local 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

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

EMBALMER'S NAME: Ede Warner

FUNERAL HOME: FUNERAL HOME No. 248

FUNERAL DIRECTOR'S LICENSE No. 4260

FUNERAL DIRECTOR'S LICENSE No. 1984

L. H. Clifford
1000 E. 8th Place
State
No. _____

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

| | | | | | |
|--|-------------------------------------|---|---|--|---|
| DECEASED—NAME FIRST MIDDLE LAST 1 WILLA LEE BREZAN | | | SEX 2 FEMALE | DATE OF DEATH (MONTH DAY YEAR) 3 SEPTEMBER 5, 1984 | |
| RACE—(See g. White, Black, American Indian, etc.) 4 AMER. BLK. | AGE—Last birthday 5a 64 | UNDER 1 YEAR 5b | UNDER 1 DAY 5c | DATE OF BIRTH (Mo. Day Year) 6 4 AUG. 1920 | COUNTY OF DEATH 7a LAKE |
| CITY, TOWN OR LOCATION OF DEATH 7b GARY | | HOSPITAL OR OTHER INSTITUTION—Name, location, street, city, state, and number 7c 595 WEST 21st AVENUE | | IF HOSP OR INST. INCREASED DUE TO YOUR PREVIOUS ILLNESS (Specify) 7d N/A | |
| STATE OF BIRTH (If not in U.S.A. name country) 8 INDIANA | CITIZEN OF WHAT COUNTRY 9 U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 MARRIED | SURVIVING SPOUSE (If not give maiden name) 11 PERCY BREZAN | WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 NO | |
| SOCIAL SECURITY NUMBER 13 310-18-2516 | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a RETIRED SCHOOL TEACHER | KIND OF BUSINESS OR INDUSTRY 14b M.C. BENNETT SCHOOL | | |
| RESIDENCE—STATE 15a INDIANA | COUNTY 15b LAKE | CITY, TOWN OR LOCATION 15c GARY | | IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INSIDE CITY LIMITS (Specify Yes or No) 15e YES |
| STREET AND NUMBER 15d 595 WEST 21st AVENUE | | | | | |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| FATHER—NAME FIRST MIDDLE LAST 16 JOHN EDGAR BATTLE | | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 WILLIE L. WHITE | | |
| INFORMANT—NAME (Type or print) RELATIONSHIP 18a JACQUELINE NANCE (DT.) | | MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 5167 TENNESSEE STREET GARY INDIANA 46404 | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL | | CEMETERY OR CREMATORY—FUNERAL HOME 19b FERN OAKS CEMETERY | | LOCATION CITY OR TOWN STATE 19c GRIFFITH INDIANA | |
| DATE (MONTH DAY YEAR) 20a SEPTEMBER 10, 1984 | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b SMITH BIZZELL & WARNER, INC., 2295 WASH. ST., GARY, IND. 46404 | | | |
| To the best of my knowledge death occurred at the time, date and place and due to the (Cause) stated 21a (Signature) <i>Satyaprakash N. Makam</i> | | DATE SIGNED (Mo. Day Year) 21b 9/6/84 | HOUR OF DEATH (Specify) 21c 11:15 AM | | |
| NAME OF ATTENDING PHYSICIAN (Type or Print) 21d DR. SATYAPRAKASH MAKAM, M.D. | | MAILING ADDRESS—PHYSICIAN 21e 4320 FIR STREET EAST CHICAGO, INDIANA 46312 | | | |
| HEALTH OFFICER—SIGNATURE 22a <i>Wanda J. ...</i> | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b SEP 7 1984 | | STATE OF INDIANA / LAKE COUNTY / HEALTH DEPARTMENT / RECORDS | |
| PART I (a) Immediate Cause 23a <i>Cardiac Arrest</i> | | FILED OCT 15 1984 <i>Lacie O. ...</i> AUDITOR LAKE COUNTY | | | |
| (b) Due to or as a consequence of 23b <i>Cardiomyopathy</i> | | | | | |
| (c) Due to or as a consequence of 23c | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 | | AUTOPSY (Specify Yes or No) 24 | | | |

Plat of recorded in the City of Gary, Lake County, Indiana.

and laid down in Block 1 as marked and Tolleston in the City of Gary, Lake County, Indiana.

Lots 22 and 23 in Block 1 as marked and Petty's Addition to Wheeler and Indiana.

11077

0011 11 11

SEP

11 11 11

11 11 11

James E. ... M.D.

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE SEP-7-1984