

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

Below for 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

795510
5170
LICENSE No. Roosevelt Allen
FUNERAL DIRECTOR'S SIGNATURE
FUNERAL HOME
MONITOR LAKE COUNTY No. 770

Local No. 82 0436

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

ROBERT L. LEWIS
2148 W. 11th Ave
GARY IN 46404
State No.

DECEASED NAME 1 Bertha L. Martin		SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 June 9, 1982
RACE (e.g. White, Black, American Indian, etc.) 4 Black	AGE - Last Birthday (Year) 5a 55	UNDER 1 YEAR 5b MINS 5c DAYS	DATE OF BIRTH (Mo Day Year) 6 12/17/1926
CITY, TOWN OR LOCATION OF DEATH 7b Gary		HOSPITAL OR OTHER INSTITUTION - Name (if not on other, give street and number) 7c St. Mary's Medical Center	IF HOSP OR INST. Indicate Date of Final Disposition (Specify) 7d Inp.
STATE OF BIRTH (If not in U.S.A. Name Country) 8 Alabama	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 John M. Martin
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	
STREET AND NUMBER 15d 4261 W. 21st Ave.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f yes
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 16 Hudson		MOTHER - MAIDEN NAME 17 Eula Gary	
INFORMANT NAME (Type or print) 18 John M. Martin (Husband)		RELATIONSHIP	MAILING ADDRESS 18b 4261 West 21st Ave. Gary, Indiana 46404
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Evergreen Cemetery	LOCATION 19c Hobart, Indiana
DATE (MONTH DAY YEAR) 20a 6/14/82		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE) 20b Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, IN	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) William E. Washington		DATE SIGNED (Mo Day Year) 21b 6-24-82	HOURS OF DEATH 21c 11:16 AM '82
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d William E. Washington			
MAILING ADDRESS - PHYSICIAN 21e 540 Tyler Gary Ind.			
HEALTH OFFICE SIGNATURE 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUN 25 1982	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) metastatic cancer to liver (b) Breast cancer			
CAUSE PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (Specify Yes or No) 24			

519

4.00