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4826 Melville  
East Chi Ind

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STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

STATE OF INDIANA S. NO. 1  
LAKE COUNTY  
FILED FOR RECORD  
JUL 3 11 49 AM '85  
RUDOLPH CLAY  
RECORDER

AFFADIVIT

Comes now Rudolph Val Dawson, Attorney at Law and says:

1. That he knew Johnny King who died May 11, 1985.

2. That he was married to Jennie King who owned the following real estate in East Chicago, Indiana:

Subdiv. S.W. S.28 T.37 R.9 All L. 13, Bl. 15

3. That Johnny King, Jr. and Johnnie King were one and the same person.

4. Further affiant sayeth not.

*Rudolph Val Dawson*  
Rudolph Val Dawson

I affirm under the penalties for perjury that the foregoing representations are true to the best of my knowledge.

Dated June 24, 1985.

Signed:

*Rudolph Val Dawson*  
Rudolph Val Dawson

**FILED**

JUL 3 1985

*Russ O. R...*  
AUDITOR LAKE COUNTY

207

25/5

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

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# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 187

FUNERAL HOME No. 152  
 LICENSE No. 972  
 FUNERAL DIRECTOR'S LICENSE No. 1785  
 EMBALMER'S NAME Clinton Williams  
 FUNERAL DIRECTOR'S SIGNATURE John R. Williams

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

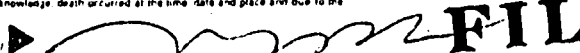
DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

DECEASED—NAME 1 <b>Johnny King Jr.</b>				SEX 2 <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>May 11, 1985</b>
RACE 4 <b>Black</b>	AGE 5a <b>61</b>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH 6 <b>4-11-1924</b>	COUNTY OF DEATH 7a <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH 7b <b>East Chicago</b>			HOSPITAL OR OTHER INSTITUTION 7c <b>St. Catherine Hospital</b>		IF HOSP OR INST Indicate OOA OP Emer Pm Inpatient (Specify) 7d <b>Inpatient</b>
STATE OF BIRTH 8 <b>Alabama</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 <b>Married</b>	SURVIVING SPOUSE (If wife give maiden name) 11 <b>Jennie L. Person</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 <b>No</b>
SOCIAL SECURITY NUMBER 13 <b>419-22-6970</b>			USUAL OCCUPATION (If on bond of work due a during most of working life even if retired) 14a <b>Chain Man</b>		KIND OF BUSINESS OR INDUSTRY 14b <b>Foundry</b>
RESIDENCE—STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>East Chicago</b>		STREET AND NUMBER 15d <b>4826 Melville Ave.</b>	
			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f <b>Yes</b>
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 <b>Johnny King Sr.</b>		MOTHER—MAIDEN NAME 17 <b>Gertrude Allen</b>			
INFORMANT—NAME (Type or print) 18a <b>Jennie L. King - Wife</b>		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b <b>4826 Melville Ave. East Chicago, Indiana 46312</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b <b>Fern Oaks Cemetery</b>		LOCATION (CITY OR TOWN STATE) 19c <b>Griffith, Indiana</b>	
DATE (MONTH DAY YEAR) 20a <b>May 16, 1985</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) 20b <b>Hinton-Williams 4859 Alexander Ave. East Chicago, In.</b>			
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature) 		DATE (MONTH DAY YEAR) 21b <b>May 13, 1985</b>		HOUR OF DEATH 21c <b>6:15 p</b>	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <b>M. Y. Ali, M.D.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>5-14-85</b>			
MAILING ADDRESS—PHYSICIAN 21e <b>9116 Columbia Avenue</b>		CITY, STATE AND ZIP <b>Michigan Indiana</b>			
HEALTH OFFICER—SIGNATURE 22 <b>E. A. Campagna</b>		COUNTY <b>ROBITON LAKE COUNTY</b>			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (1) THROUGH (5)) PART (1) <b>Small Cell Cancer of the Lung</b>		Interval between onset and death			
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death			
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death			
PART OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not referred to cause given in PART 1 & 2)		AUTOPSY (Specify Yes or No) 24			

# 30-11-2  
 May 30-11-2  
 Sullivan SW 5-28 T. 37 R. 9  
 All Oct 13 Bldg 15

