

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

810385

Local No. 80-0141

Albert Bradley
21 1/2 N. 11th Ave
Gary 46404
State No.

OR PRINT
ONLY WITH
DING INK
IS IS
MAVEN
FILED
State Office Use

FILED
JUL 5 1985
FOR LAKE COUNTY
FURNAL HOME
243
DECEASED
FURNAL DIRECTOR'S
LICENSE No. 319
DISPOSITION
EMBALMER'S NAME: LEON COLEMAN SR.
FURNAL DIRECTOR'S SIGNATURE: *Leon Coleman Sr.*

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 WHICH HAVE BEEN STATED BY THE DECEASED OR HIS NEAREST RELATIVE AS BEING THE CAUSE OF DEATH

CAUSE

DECEASED—NAME 1 HARRIETTA ROBERTSON			SEX 2 FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 2-14-80
RACE—(a) White, Black, American Indian, etc. (Specify) 4 BLACK	AGE—(b) in years (Mo., Day) 5 54	UNDER 1 YEAR 6a MO. 6b DATE	UNDER 1 DAY 6c HOUR 6d MIN.	DATE OF BIRTH (Mo., Day, Yr.) 7 11/10/1926
CITY, TOWN OR LOCATION OF DEATH 7a GARY		HOSPITAL OR OTHER INSTITUTION—(Name if not in center, give street and number) 7b GARY METHODIST HOSPITAL		IF HOSP. OR INST. Indicate ICA, OP/Em, etc., location (Specify) 7c NONE
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 wife, give maiden name) 11 CURTIS ROBERTSON	
SOCIAL SECURITY NUMBER 12		USUAL OCCUPATION (Give kind of work done during usual of year) 13a U.S. POST OFFICE		KIND OF BUSINESS OR INDUSTRY 13b LABOR
RESIDENCE—STATE 14a INDIANA	COUNTY 14b LAKE	CITY, TOWN OR LOCATION 14c GARY, INDIANS		
STREET AND NUMBER 15a 1136 HARRISON STREET			IS RESIDENCE ON A FARM? 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15c YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16 NONE				
FATHER—NAME 16a HARRY LARSON		MOTHER—MAIDEN NAME 17 ROSE LARSON		
INFORMANT—NAME (Type or print) 18a CURTIS ROBERTSON		MAILING ADDRESS 18b 1136 HARRISON DTREET GARY, INDIANA 46407		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a FERN OAK CEMETERY BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b FERN OAK CEMETERY		LOCATION 19c GRIFFITH INDIANA
DATE (MONTH, DAY, YEAR) 20a 2-16-80		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b LEON COLEMAN FUNERAL HOME GARY, INDIANA 46404		
To the best of my knowledge, I am signing at the time, date and place and due to the medical stated 21a (Signature) <i>Dr. Ross M.D.</i>		DATE SIGNED (Mo., Day, Yr.) 21b	HOUR OF DAY 21c 8 2 05 PM '80	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d		MAILING ADDRESS—PHYSICIAN 21e		
HEALTH OFFICER—SIGNATURE 22a <i>E. N. Caldwell, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b FEB 26 1980		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (OR (a), (b), AND (c)) PART I (a) Arterial Corony Occlusion				
(b)		(c)		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24		

275

400

386018

RECEIVED
CITY OF GARY, IND.
HEALTH DEPARTMENT

John T. [Signature]
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE JUL 1 1985