

TYPE OR PRINT
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THIS IS A
PERMANENT
RECORD

Below for State Office Use

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ILLINOIS
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FUNERAL HOME
AUDITOR'S HOME
No. 770

LICENSE No. 5170
FUNERAL DIRECTOR'S
LICENSE No. 659

EMBALMER'S NAME
Roosevelt Allen
FUNERAL DIRECTOR'S
SIGNATURE
Fitzroy L. Allen

836511
85-0728

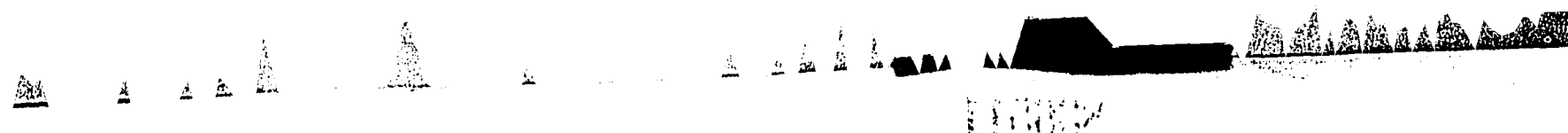
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

1421 W 21st Ave
Gary 46407
State No.

Local No.

DECEASED - NAME 1 Fred Scott			SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 Nov. 9, 1985
RACE - (eg. White, Black, American Indian, etc.) 4 Black	AGE - Last Birthday 5a 88	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (MO DAY YEAR) 6 7/17/1897
CITY, TOWN OR LOCATION OF DEATH 7b Gary		HOSPITAL OR OTHER INSTITUTION (Name if not in title, give street and number) 7c 1421 West 21st Ave.		HOSP OR INST. Indicate DUA or IMA, etc. (Specify) 7d
STATE OF BIRTH (if not in U.S.A. name country) 8 Miss.	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Widowed	SURVIVING SPOUSE (if wife, give maiden name) 11	
SOCIAL SECURITY NUMBER 13 312-05-5397		USUAL OCCUPATION (Give a job at work done during most of working life, even if retired) 14a Retired	KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel Corp.	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary		
STREET AND NUMBER 15d 1421 West 21st Ave.			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 John Scott			MOTHER - MAIDEN NAME 17 Hattie	
INFORMANT - NAME (Type or print) 18 Doris King (Daughter)		RELATIONSHIP	MAILING ADDRESS 18b 1717 Huey St. South Bend, Indiana 46628	CITY OR TOWN STATE ZIP
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Oak Hill Cemetery		LOCATION CITY OR TOWN STATE
DATE (MONTH DAY YEAR) 20a 11/13/85		FUNERAL HOME - NAME AND ADDRESS (SHEET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 20b Guy & Allen Fun. Dir., Inc. 2959 W. 11th Ave. Gary, Ind.		
To the best of my knowledge, I am qualified at the time, date and place and due to the cause stated 21a (Signature) <i>[Signature]</i>		DATE SIGNED (MO DAY YEAR) 21b 11/13/85	HOUR OF DEATH 21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d OLIVER CAMPBELL		MAILING ADDRESS - PHYSICIAN 21e 3290 Grandview Gary, Ind		
HEALTH OFFICER - SIGNATURE 22a <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b NOV 19 1985	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST PART I (a) cardiac arrest (b) hypertension (c) recurrent intestinal bleeding		INTERVAL BETWEEN ONSET AND DEATH 23		
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)		AUTOPSY (Specify, yes or no) 24		

1-00



[Faint, illegible text]

James I. [Signature]
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF CARY, IND.
DATE JAN 6 1986