

*Karen Pulliam-Welch  
1345 Wallace St Gary*

846277  
Local No. 77-0250

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

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

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

Now for State Office Use

FUNERAL HOME  
248

FILED  
MAR 24 1977  
FUND. DIRECTOR'S  
LICENSE NO. 4260

FUNERAL DIRECTOR'S  
LICENSE NO.

#47-16-16  
Warriner

EMBALMER'S NAME  
FUNERAL DIRECTOR'S  
SIGNATURE

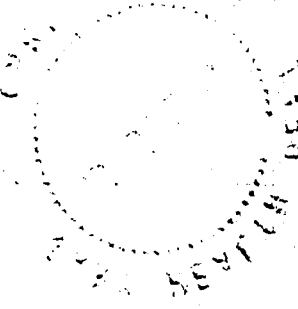
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Alonzo William Harris					2. male	3. March 25, 1977		
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY. HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. Am Black	5a. 63	5b.	5c.		6. 1913	7a. Lake		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Gary		7c. yes		7d. Gary Mercy Hospital				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		10.		
8. Mississippi		9. USA		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Jacqueline L. James		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 702-09-1786		13a. Laborer		13b. Pontiac Motors				
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP			
14a. Indiana	14b. Lake	14c. Gary		14d. yes	14a. Calumet			
STREET AND NUMBER		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
14f. 2362 Monroe				no				
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST	
15. Clifton Harris					16. Annie Unknown			
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Jacqueline L. Harris		17b. wife		17c. 2362 Monroe Gary Indiana 46407				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CAUSE	18. IMMEDIATE CAUSE	(a) Severe Pulmonary Embolism					RECORDED	
	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.	(b) Pulmonary Edema					2 03 PM '77	
		(c) Cor. Pulmonale					99	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE.					AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
							19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH DAY YEAR	
20.		3	25	77	A.	21a.	3 29 77	
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN			M. D. OR D. O.		PHYS. CODE NO.	
22a. ALEXANDER S. WILLIAMS, M.D.		22b. <i>Alexander S. Williams</i>			M.D.			
MAILING ADDRESS—PHYSICIAN		STREET OR R. F. D. NO.		CITY OR TOWN	STATE	ZIP		
23. 436 West 25th Ave		Gary, Ind		Indiana		46407		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN	STATE	
24a. burial		24b. Oak Hill		24c. Gary, Indiana				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP)						
24d. March 29, 1977		24e. Smith Blazell Warner F.H., 2295 Washington St Gary, Ind. 46407						
25b.		25a. <i>James I. Pulliam</i>					26b. RECEIVED BY LOCAL HEALTH OFFICER	
113.3							MAR 30 1977	

*Schmid Site Add  
July 1979  
179' off St 13  
179' off St 16*

Position Permitted  
Provisional Certificate  
 No

997

100-100000



James T. [Signature]

RECEIVED  
CITY OF GARY, IND.  
HEALTH COMMISSIONER  
DATE APR 14 1977