

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

Below for State Office Use

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*Wadsworth and
#47-3113*

EMBALMER'S NAME: Roosevelt Allen

FUNERAL DIRECTORS
SIGNATURE: *Harold A. Allen*

LICENSE No. 2270

FUNERAL DIRECTORS
LICENSE No. 2766

GENERAL HOME
No. 770

854426

Local No. 83-0611

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE -
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

*Gilbert King
1185 Berkeley
Gary 46407*

State
No.

DECEASED—NAME 1. Margaret Williams			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. August 8, 1981	
RACE—(a) White, Black, American Indian, etc. (Specify) 4. Black		AGE—Last Birthday (Year) 5a. 67	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS. MINS.	DATE OF BIRTH (Mo., Day, Yr.) 6. 11/6/1913
CITY, TOWN OR LOCATION OF DEATH 7b. Gary			HOSPITAL OR OTHER INSTITUTION (Name, if not in entry, give street and number) 7c. Methodist Hospital North-Lake		IF HOSP OR INST. indicate O.A. OP, Emer. Rm., Inpatient (Specify) 7d. Inp.
STATE OF BIRTH (If not in U.S.A. name country) 8. Arkansas	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Aaron Williams		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No
SOCIAL SECURITY NUMBER 13. 314-14-4639			USUAL OCCUPATION (Give kind of work done during most of working life, even 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. 1815 W. 15th 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. Willie Smith			MOTHER—MAIDEN NAME 17. Peggie Brown		
INFORMANT—NAME (If type or print) 18a. Aaron Williams (Husband)		RELATIONSHIP	MAILING ADDRESS 18b. 1815 W. 15th Ave. Gary, Indiana 46407		STATE ZIP
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Fern Oaks Cemetery		LOCATION 19c. Griffith, Indiana	
DATE (MONTH, DAY, YEAR) 20a. 8/13/81		FUNERAL HOME—NAME AND ADDRESS 20b. Gay & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.		DATE SIGNED (Mo., Day, Yr.) 21b. 8-11-81	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. James T. Hedrick, Jr. M.D.		MAILING ADDRESS—PHYSICIAN 21e. 2200 Grant Gary		HOUR OF DEATH 21c. 8:15 AM	
HEALTH OFFICER—SIGNATURE 22a. E. N. Caldwell, M.D.			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. AUG 9 1981		
23. IMMEDIATE CAUSE (ENTER UNDER CAUSE PHRASE FOR (a) AND (b)) PART I (a) Acute Cardiac Respiratory Arrest					
(b) Hypertensive - arteriosclerotic Cardio-vascular Disease					
(c) Pulmonary Edema					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death or related to cause given in PART I Diabetes Mellitus, Cellulitis - Abscess of Abdomen (skin)					

efo

05-1-86

1737

James T.

RECEIVED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE MAY 1 1986