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CLEARLY, WITH
FADING INK

THIS IS A
PERMANENT
RECORD

State Office Use

876315

81-0828

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Howard H Hill
1449 Berkeley
Gary 46407
State No.

Local No.

State No.

12521

DECLASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		Carneatha	Jackson	Gates	Female	December 23, 1984	
RACE (See 104-105)	AGE (Last Birthday)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (MO DAY YEAR)	COUNTY OF DEATH	
4 Black	5a 45	5b	5c	5d	6 9/17/1939	7a Lake	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number)		IF HOSP OR INST (MO DAY YEAR) (See 104-105)	
7b Gary				7c Methodist Hospital Northlake		7d Inp.	
STATE OF BIRTH (If not in U.S. name country)	CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify)	SURVIVING SPOUSE (If not give maiden name)		WAS DECEASED EVER IN U.S. ARMED SERVICES (Specify)	
8 Indiana	9 U.S.A.		10 Married	11 Thomas Gates		12	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life except seasons)		KIND OF BUSINESS OR INDUSTRY	
13 310-36-4060				14a Housewife		14b	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	
15a Indiana		15b Lake		15c Gary		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER				15e			
15d 123 Ellsworth St.							
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC							
16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER NAME		FIRST	MIDDLE	LAST	MOTHER MAIDEN NAME		FIRST
16		Freddie		Jackson	17		Armetta
MOTHER MAIDEN NAME		FIRST	MIDDLE	LAST	17		
Armetta				Bryant			
INFORMANT - NAME (Type in print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN	
18a Thomas Gates (Husband)		18b		18c 123 Ellsworth St.		18d Gary, Indiana 46404	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION	
19a Burial				19b Oak Hill Cemetery		19c Gary, Indiana	
DATE (MONTH DAY YEAR)				FUNERAL HOME - NAME AND ADDRESS (STREET OR RFD NO CITY OR TOWN STATE ZIP)			
20a 12/29/84				20b Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave. Gary, In			
To the best of my knowledge, each individual listed here was and died in the United States				DATE SIGNED (MO DAY YEAR)		HOUR OF DEATH	
21a				21b		21c	
NAME OF ATTENDING PHYSICIAN (Type in print)				21d			
21e				21f			
MAILING ADDRESS (Type in print)				21g			
21h				21i			
HEALTH OFFICER (Type in print)				DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a				22b JAN 7 1985			
23				23			
PART I				PART II			
23a				23b			
23c				23d			
23e				23f			
PART II				PART III			
23g				23h			

FILED
FUNERAL HOME
LICENSE No. 5170
FUNERAL DIRECTOR'S
LICENSE No. 270

EMBALMER'S NAME
Roosevelt Allen
FUNERAL DIRECTORS
SIGNATURE
Howard H Hill

TYPE OR PRINT
OR PRINT
PERMANENT
RECORD
INSTRUCTIONS
HAND BOOK
DECEASED
AUDITOR
LAKE COUNTY

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH MAY
LEAD TO
MISDIAGNOSIS
OR
MISIDENTIFICATION
OF THE
UNDERLYING
CAUSE (LAST)

CAUSE

Robert L. Lane
15101
44-2143-15
Roosevelt Allen

RECORDED
INDEXED
JAN 12 9 51 AM '85
STATE OF INDIANA
LAKE COUNTY

460

10000

[Handwritten Signature]
CITY OF GAITHERSBURG
PLANNING COMMISSION
CITY OF GAITHERSBURG
DATE JAN 7 1995