

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

Below for State Office Use

Ats 37438, Blk 20, Broadway add Gary 05/23, in CC, 2
A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
K _____
L _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____

EMBALMER'S NAME Sherman G. Banks 3rd
FUNERAL DIRECTORS
SIGNATURE *Sherman G. Banks*
LICENSE No. 1625
FUNERAL HOME
LICENSE No. 1695
FUNERAL HOME
848

FILED
AUG 28 1986
LAKE COUNTY

CHICAGO TITLE INSURANCE COMPANY

INDIANAS DIVISION
87-0263

Local No.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Pat 4246 93 10 6-4137
Mike Chelovich, 4242 Bchey

State No.

125

DECEASED—NAME 1. Jennie RACE—(See White, Black, American Indian, etc. in Instructions)		FIRST Wilson		MIDDLE		LAST		SEX 2. female	DATE OF DEATH (MONTH, DAY, YEAR) 1. April 18, 1984		
4. Amer Blk		AGE—(Last Birthday) 1a. 60		UNDER 1 YEAR 1b. MOS		UNDER 1 DAY 1c. HOURS		DATE OF BIRTH (Mo., Day, Yr.) 6. Dec. 2, 1923		COUNTY OF DEATH 7a. Lake	
CITY, TOWN OR LOCATION OF DEATH 7b. Gary				HOSPITAL OR OTHER INSTITUTION—(Name in full in other free street and number) 7c. Gary Methodist				IF HOSPITAL INST. Judge's NOA, Dr. (specify program if special) intensive care			
STATE OF BIRTH (If not in U.S. & name country) 8. Alabama		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. widow		SURVIVING SPOUSE (If wife, give maiden name) 11. none		WAS DECORATED IN U.S. ARMED FORCES? (Specify type of medal) 12. no			
SOCIAL SECURITY NUMBER 13. 424-10-7279				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Professional Cleaner				KIND OF BUSINESS OR INDUSTRY 14b. clean clothes			
RESIDENCE—STATE 15a. Indiana		COUNTY 15b. Lake		CITY, TOWN OR LOCATION 15c. Gary		STREET AND NUMBER 15d. 2304 West 20th Ave		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY OR ADJUST) 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. Francis Perryman				MOTHER—MAIDEN NAME 17. Addie Lou				PARENTS			
INFORMANT—NAME (Type or print) 18a. Emma Snead sister			RELATIONSHIP			MAILING ADDRESS 18b. 2304 West 20th Ave. Gary, In. 46404			CITY OR TOWN		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. burial				CEMETERY OR CREMATORY—FUNERAL HOME 19b. Evergreen				LOCATION 19c. Hobart, In.			
DATE (MONTH, DAY, YEAR) 20a. April 24, 1984				FUNERAL HOME—NAME AND ADDRESS 20b. Smith Bizzell & Warner 2295 Washington Gary, In. 46407				DISPOSITION			
To the best of my knowledge death occurred at _____ (Type or print) (If cause stated)						DATE SIGNED (Mo., Day, Yr.) 21b. 4-21-84		HOUR OF DEATH 21c. M			
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Dr. D.L. Streeter Md.											
MAILING ADDRESS—PHYSICIAN 21e. 1212 Broad St. Griffith, In.											
HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i>							DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. APR 25 1984				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST											
PART I		23. IMMEDIATE CAUSE (If only one cause per line for (a) and (b)) Cardio-respiratory arrest						Interval between onset and death Sec.			
(b)		Pneumonia						Interval between onset and death Days			
(c)		Ruptured duodenal ulcer						Interval between onset and death Days			
PART II		OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause one (a) or (b)) Severe Polymyositis						AUTOPSY (Type or print) 24. yes			



341028

James T. Kellum
RECEIVED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE OCT 15 1986