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PLAINLY, WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

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JUL 22 1987

EMBALMER'S NAME CELESTE P. KAUFMAN LICENSE No. 3362

FUNERAL HOME  
FUNERAL DIRECTOR'S SIGNATURE  
CELESTE P. KAUFMAN  
LICENSE No. 1351

Return to: Supy Metropolitan Builders  
300 W. Chicago Blvd  
Gary Indiana

929379

Local No. 84-0019

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 512

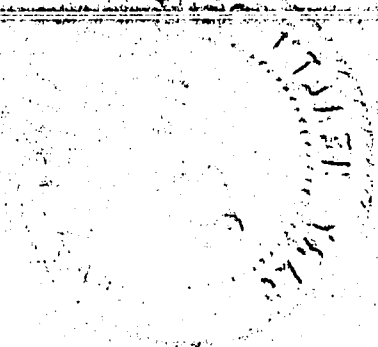
DECEASED—NAME FIRST MIDDLE LAST 1. WILLIAM HENRY THOMAS			SEX 2. Male	DATE OF DEATH (MONTH DAY YEAR) 3. January 9, 1984
RACE—(is a White, Black, American Indian, or Hispanic) 4. Black Amer.	AGE—Last Birthday (Year) 5a. 74	UNDER 1 YEAR 5b. MONTHS DAYS HOURS MINS	UNDER 1 DAY 6. March 28, 1909	DATE OF BIRTH (Mo. Day Yr.) 7. Lake
CITY, TOWN OR LOCATION OF DEATH 7a. Gary		HOSPITAL OR OTHER INSTITUTION—(Name of institution, give street and number) 7c. 334 Jefferson Street - Gary, IN 46402		IF HOSP OR INST. Indicate DCR Of State Health Department (Specify) 7d.
STATE OF BIRTH (if not in U.S.A. name country) 8. MISSISSIPPI	CITIZEN OF WHAT COUNTRY 9. U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married.	SURVIVING SPOUSE (if only give maiden name) 11. Luvenia Perkins.	
SOCIAL SECURITY NUMBER 13. 427 - 16 - 8306		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Retired Mill Worker	KIND OF BUSINESS OR INDUSTRY 14b. Steel Mill	
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. GARY		
STREET AND NUMBER 15d. 334 Jefferson Street			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. 16a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME FIRST MIDDLE LAST 16. Kelley Pointer		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. --UNKNOWN--		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. Luvenia Thomas - Wife		MAILING ADDRESS STREET OR R.F.D. NO. 18b. 334 Jefferson St.,	CITY OR TOWN 18c. Gary	STATE ZIP 18d. IN 46402
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. --BURIAL--		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Fern Oak Cemetery	LOCATION CITY OR TOWN 19c. Griffith	STATE 19d. IN
DATE (MONTH DAY YEAR) 20a. Saturday, Jan. 14, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Kaufman Funeral Home, Inc., 421 W. 5th Ave., Gary, IN 46402		
To the best of my knowledge, death occurred at the same date and place and that it is a natural death. 21a. (Signature) David D. Chube M.D.			DATE SIGNED (Mo., Day, Yr.) 21b.	HOUR OF DEATH 21c.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. David D. Chube M. D.			MAILING ADDRESS—PHYSICIAN 21e. 1649 Broadway	
HEALTH OFFICER—SIGNATURE 22a.			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. JAN 12 1984	
IMMEDIATE CAUSE (PART I) 23. Carcinoma of the Lung with Widespread Metastasis to the Liver, DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death	
(b) Brsin DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions occurring during life but not related to cause given in PART I (a) PART II			AUTOPSY (Specify Yr or No) 24.	

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

STATE OF INDIANA  
FILE FOR  
JUL 22 1987  
5:51 AM  
RECORDED  
BLASTICK  
REORDER

500

EXHIBIT



*James T. Keelick, Jr.*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE JUN 17 1987