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PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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938676

Local No. **8A-0402**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Deane Gordon
559 Ralston St.
Gary, Ind 46404
State No.

1096 A

FUNERAL HOME
No. 770

LIC. *Deane Gordon*
FUNERAL DIRECTOR'S COUNTY
LICENSE No. 270

EMBALMER'S NAME
Roosevelt Allen
FUNERAL DIRECTORS
SIGNATURE *Roosevelt Allen*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

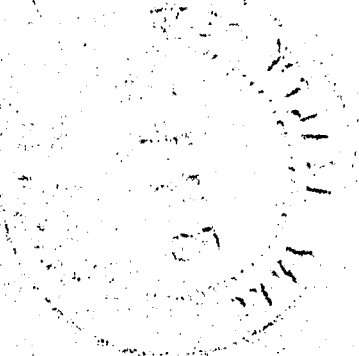
DECEASED—NAME 1 Chester Rubin Wilkerson			SEX Male	DATE OF DEATH (MONTH DAY YEAR) June 10, 1984	
RACE—(to White, Black, American Indian, etc. Specify) 4 Black	AGE—(Last Birthday) (Yr.) 5a 76	UNDER 1 YEAR 5b MONTHS DATES	UNDER 1 DAY 5c HOURS MIN.	DATE OF BIRTH (Mo. Day Yr.) 6 2/12/1908	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Gary		HOSPITAL OR OTHER INSTITUTION—(Name if not on either prev. street and number) 7c Methodist Hospital North-Lake			IF HOSP. OR INST. (Spec. # DOA OR 1-sec. Dr. Infirmary (Specify)) 7d
STATE OF BIRTH (If not in U.S.A. Name Country) 8 Alabama	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Arzola Cooks		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes
SOCIAL SECURITY NUMBER 13 312-05-1404-A		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a Retired		KIND OF BUSINESS OR INDUSTRY U.S. Steel Corp. (Tube Works)	
RESIDENCE—STATE 15 Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary			
STREET AND NUMBER 15d 528 Ralston St.			IS RESIDENCE ON A FARM? 15a 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 Virgil Wilkerson			MOTHER—MAIDEN NAME 17 Fannie J. Fitten		
INFORMANT—NAME (Type or print) 18 Arzola Wilkerson (Wife)		RELATIONSHIP	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 528 Ralston St. Gary, Indiana 46406		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Oak Hill Cemetery		LOCATION CITY OR TOWN STATE 19c Gary, Indiana	
DATE (MONTH, DAY, YEAR) 20a 6/15/84		FUNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 20b Smy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUN 18 1984
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Virginia T. Tabib, M.D.</i>			DATE SIGNED (Mo. Day Yr.) 21b 6-12-84	HOUR OF DEATH 21c 10 27 AM '84	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d VIRGINIA T. TABIB, MD			M.A. OR D.O.		
MAILING ADDRESS—PHYSICIAN 21e 3224 GRANT ST. GARY, INDIANA			HEALTH OFFICER—SIGNATURE 22a <i>Virginia T. Tabib, M.D.</i>		
HEALTH OFFICER—SIGNATURE 22a <i>Virginia T. Tabib, M.D.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUN 18 1984		
23. IMMEDIATE CAUSE (Enter only one cause per (I) or (II) and (III)) PART I (a) METASTATIC CANCER OF THE LUNG			Interval between onset and death		
(b) _____ DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death		
(c) _____ DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No) 24		

LIZIAN BLASTICK
RECORDER

mg

[REDACTED]

070909



James F. Hewitt, Jr.
HEALTH COMMISSIONER
CITY OF GARY, IND.

GARY JUL 21 1987