

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

046749

DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. *252*

Betty Chambers

Alvin W. Chambers
3-25-67
10-25-67

1. PLACE OF DEATH a. COUNTY Lake		b. CITY, TOWN, OR LOCATION Hammond		c. Length of Stay in b. 1 day		1. USUAL RESIDENCE (Where deceased lived 11 months or more before admission) a. STATE Indiana		b. COUNTY Lake	
2. NAME OF HOSPITAL OR INSTITUTION St. Margaret Hospital		3. STREET ADDRESS 7227 Madison Avenue		4. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		5. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		6. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
7. NAME OF DECEASED WALTER MILLAR		8. DATE OF DEATH 10-25-67		9. AGE (In years last birthday) 63		10. SEX Male		11. COLOR OR RACE White	
12. OCCUPATION (State or branch of work done during most of working life, even if retired) Retired general foreman steel plant		13. BIRTHPLACE (State or foreign country) Scotland		14. CITIZENSHIP (State or foreign country) U. S. A.		15. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		16. DATE OF BIRTH June 6, 1904	
17. FATHER'S NAME Walter Millar		18. MOTHER'S MAIDEN NAME Elizabeth Hain		19. INFORMANT'S NAME Mrs. Agnes Millar		20. RELATIONSHIP TO DECEASED wife		21. DEGREE OF DEGREE 2	
18. CAUSE OF DEATH (Classify only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction		PART II. OTHER CAUSES (b) Coronary occlusion		PART III. OTHER CAUSES (c) None		22. HEALTH OFFICER I certify that I investigated cause of death of deceased as stated and that death occurred at <input type="checkbox"/> HOME <input type="checkbox"/> CARE		23. DATE SIGNED 10-25-67	
24. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER Edwin W. Stevens		25. ADDRESS 7905 Cabinet Street		26. NAME OF CEMETERY OR CREMATORY AND LOCATION Ridgeland Cemetery, Gary, Indiana		27. SIGNATURE OF FUNERAL DIRECTOR Gary C. Paddock		28. ADDRESS Chapel, Hammond, Indiana	

Bad Original