

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

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COMPANYS / ST SUB  
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4-34 BL-70  
KEY # 44-70-20  
5190

EMBALMER'S NAME: ROOSEVELT ALLEN  
FUNERAL DIRECTORS: ROOSEVELT ALLEN  
SIGNATURE: *Roosevelt Allen*

FUNERAL HOME  
No. 770  
FUNERAL DIRECTORS  
LICENSE No. 270

Local No. 967699  
83-0496

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Calvin D. Hunter  
80304 2839  
Yates 46408  
No. 16

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SET HANDBOOK

DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH DECLARED IN INSTANTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M. D. OR D. O.

CONDITION IF ANY WHICH GAVE RISE TO INSTANT CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME 1 Henry C. Blackburn		SEX 2 Male	DATE OF DEATH 3 July 27, 1983
RACE - (Ind. White, Black, American Indian, etc.) 4 Black	AGE - (Ind. Infants, Child, Adult) 5 63	DATE OF BIRTH (Mo., Day, Year) 6 8/18/1919	COUNTY OF BIRTH 7 Lake
CITY, TOWN OR LOCATION OF DEATH 8 Gary		HOSPITAL OR OTHER INSTITUTION (Name and address for use of street with number) 9 628 Kentucky St.	
STATE OF BIRTH 10 Miss.	CITIZEN OF WHAT COUNTRY 11 U.S.A.	MARRIED, NEVER MARRIED, MARRIED OR SEPARATED 12 Married	SURVIVING SPOUSE (Name and address) 13 Laura Clayton
SOCIAL SECURITY NUMBER 14 500-30-2950		15 OCCUPATION 16 Retired	17 INDUSTRY OR BUSINESS 18 U.S. Steel Corp.
RESIDENCE - STATE 19 Indiana	COUNTY 20 Lake	CITY, TOWN OR LOCATION 21 Gary	
STREET AND NUMBER 22 628 Kentucky St.		IS RESIDENCE ON A FARM? 23 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? (If YES, give Mexican, Cuban, or other name, etc.) 24 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 25 Julius Blackburn	MOTHER - MAIDEN NAME 26 Bertha	27	
28 NAME (Last, first, middle) 29 Laura Blackburn (Wife)	RELATIONSHIP 30 (Wife)	31 MAILING ADDRESS (Street or P.O. Box) 32 628 Kentucky St. Gary, Indiana 46402	
33 BURIAL CREMATION, OR OTHER DISPOSITION 34 Burial		35 LOCATION (City, town, street, etc.) 36 Oak Hill Cemetery, Gary, Indiana	
37 DATE 38 8/1/83		39 FUNERAL HOME (Name and address) 40 Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.	
41 NAME OF ATTENDING PHYSICIAN 42 Dr. R.A. Kovarussis		43 DATE SIGNED 44 5/1/83	45 HOUR OF DEATH 46
47 MAILING ADDRESS (Street or P.O. Box) 48 7863 Broadway North, Gary, Indiana 46410			
49 SIGNATURE OF PHYSICIAN 50 <i>R.A. Kovarussis</i>		51 DATE RECEIVED 52 8/1/83	
53 IMMEDIATE CAUSE 54 <i>Acute Myocardial Infarction</i>			
55 PART I (a) DUE TO OR AS A CONSEQUENCE OF		56 Interval between onset of death	
57 (b) DUE TO OR AS A CONSEQUENCE OF		58 Interval between onset of death	
59 PART II OTHER CAUSE CONDITIONS - Conditions contributing to death but not listed as underlying cause		60 Interval between onset of death	

TILLMAN A. BLASTICK  
RECORDER  
LAKE COUNTY  
INDIANA  
46307  
FILED  
MAR 10 9 38 AM 1983  
GUY & ALLEN FUNERAL HOME

FILED

MAR 10 1983

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VERMONT

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HEALTH COMMISSIONER  
CITY JAN 28, 1985

DATE