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HIS IS A  
PERMANENT  
RECORD  
of State Office

**FILED**  
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INDEXED  
SEP 23 1984  
CLERK OF SUPERIOR COURT  
LAKESIDE, INDIANA

*Sec. Rusty Co. 1 at #47-32-2423*  
*at 94 Bl 4*

EMBALMER'S NAME Roosevelt Allen  
FUNERAL DIRECTOR'S SIGNATURE [Signature]  
LICENSE No. 5170  
FUNERAL DIRECTOR'S LICENSE No. 270

Local No. 974767  
8A-0626  
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 UNDERLYING CAUSE, STATING THE UNUSUAL OR UNUSUAL CAUSE LAST  
CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 3951

DECEASED—NAME FIRST <u>Aurolie</u> MIDDLE <u>Jimm</u> LAST <u>Jimm</u>		SEX <u>Male</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>Sept. 18, 1984</u>
RACE— <u>Black</u>	AGE—Last Birthday (Yr.) <u>64</u>	UNDER 1 YEAR MCS DABS 5a 5b	UNDER 1 DAY HOURS MINS DATE OF BIRTH (Mo., Day, Yr.) <u>10/25/1919</u>
CITY, TOWN OR LOCATION OF DEATH <u>Gary</u>		HOSPITAL OR OTHER INSTITUTION—Name if not in other grid street and number <u>2157 Washington St.</u>	IF HOSP. OR INST. under the DCA, OP/Inst. No., Institution Name
STATE OF BIRTH (if not in U.S.A. name country) <u>Louisiana</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	SUPPORTING HOUSE if wife gave maiden name <u>Cluster Lawson</u>
SOCIAL SECURITY NUMBER <u>437-22-1225</u>	USUAL OCCUPATION (Give kind of work done during most of working life, specify if unusual) <u>Retired</u>	KIND OF BUSINESS OR INDUSTRY <u>U.S. Steel Corp.</u>	
RESIDENCE—STATE <u>Indiana</u>	COUNTY <u>Lake</u>	CITY, TOWN OR LOCATION <u>Gary</u>	IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER <u>477 North Grand Blvd.</u>	INSIDE CITY LIMITS (Specify year) <u>yes</u>		15b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
16a. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST <u>Albert</u> MIDDLE <u>Jimm</u> LAST <u>Jimm</u>	MOTHER—MAIDEN NAME FIRST <u>Albertine</u> MIDDLE <u>Bass</u> LAST <u>Bass</u>		
INFORMANT—NAME (If you or your relationship) <u>Cluster Jimm (Wife)</u>	MAILING ADDRESS <u>477 North Grand Blvd. Gary, Indiana 46403</u>	CITY OR TOWN <u>Gary</u>	STATE <u>Indiana</u>
DISPOSITION <u>Burial</u>	CEMETERY OR CREMATORY—FUNERAL HOME <u>Evergreen Cemetery</u>	LOCATION <u>Hobart, Indiana</u>	STATE <u>Indiana</u>
DATE (MONTH, DAY, YEAR) <u>9/24/84</u>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Guy &amp; Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.</u>		
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a. (Signature) <u>[Signature]</u>		DATE SIGNED (Mo., Day) <u>9/25/84</u>	HOUR OF DEATH <u>5:15 PM</u>
NAME OF ATTENDING PHYSICIAN (If you are a physician) <u>T. G. Goodwin M.D.</u>		21b. <u>[Signature]</u>	
MAILING ADDRESS—PHYSICIAN <u>615 Harrison, Merrillville, Ind.</u>		21c. <u>[Signature]</u>	
HEALTH OFFICER—SIGNATURE <u>[Signature]</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER <u>OCT 3 1984</u>	
IMMEDIATE CAUSE <u>Myocardial infarction</u>		INTERNAL BETWEEN ORG. AND DEATH <u>[Signature]</u>	
PART I (a) <u>Myocardial infarction</u>		INTERNAL BETWEEN ORG. AND DEATH <u>[Signature]</u>	
(b) <u>Coronary artery disease with old myocardial infarct</u>		INTERNAL BETWEEN ORG. AND DEATH <u>[Signature]</u>	
(c) <u>Other significant conditions—Conditions contributing to death but not related to cause given in PART I (a)</u>		AUTOPSY (Specify Yes or No) <u>NO</u>	

RECORDED  
INDEXED  
LAKESIDE COUNTY  
INDIANA  
46307

LELAN A. BLASTICK  
RECORDER, LAKE COUNTY

Grand Blvd Nts.

Rts 4+5 Bl E # 43-306-4

1/2 Rt Bl E # 43-306-8

Rt 7 Bl E # 43-306-7, 6, 9

C.T. R + V. Cos 6th

Rt 35 Bl 3

Rt 34 Bl 3

# 42-130-32

# 42-130-31

Garfield Pk. Rts 61462 Bl 2

# 43-45-15

*James*

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