

TRUE COPY OF RECORD OF REGISTRATION ON FILE AT LA PORTE COUNTY HEALTH DEPARTMENT.

Key # 44-134-10
 Resub Gary Cand Co's 3rd Sub
 File No. MC323 L. 10. BL. 11
 N 1/2 of L. 11 Bl.

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No.

FUNERAL HOME No. 770
 FUNERAL DIRECTORS License No. 270
 SIGNATURE *James Milne*

DECEASED

990281

FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH, DAY, YEAR)

Sadie GATES Jones Fe. 8/1/77

RACE AGE—LAST BIRTHDAY (YEARS) Mo. DAY

Negro 41

UNDER 1 YEAR Mo. DAYS UNDER 1 DAY Hours MIN.

DATE OF BIRTH (MONTH, DAY, YEAR) 9/22/35

COUNTY OF BIRTH COUNTY OF DEATH

Michigan City 7c. YES 7d. ST. ANTHONY HOSPITAL

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE HUSBAND NAME)

Mississippi U.S.A. 10. GEORGE JONES

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER LEGAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

426-66-5599 12. GLASS HANDLER 13. METRO GLASS

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

Indiana Lake Gary 14c. YES 14d. Calumet

STREET AND NUMBER 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 14h. RESIDENCE ON A FARM?

841 Adams St. No

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. JAMES ROBINSON 16. LULA WILLIAMS

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. GEORGE JONES 17b. HUSBAND 17c. 941 Adams St, Gary, Ind. 46409

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE

metastatic carcinoma (Cervix uteri)

CONDITIONS CONTRIBUTING TO DEATH, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (A) STAYING THE UNDERLYING CAUSE LAST (B) DUE TO, OR AS A CONSEQUENCE OF:

19. OTHER IMPORTANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

AGE 31 1908

AUTOPSY YES NO

20. IF YES, WHERE PERFORMED IN DISTRICT OF COLUMBIA OR STATE OF DEATH

LILLIAN A. BASTICK
 CLERK
 LA PORTE COUNTY HEALTH DEPARTMENT
 8-25-77

DATE/TIME OF DEATH MONTH DAY YEAR HOUR P.M.

AUGUST 1 1977 3:30 P.M.

AUDITOR LAKE COUNTY

DATE SIGNED MONTH DAY YEAR

8 4 77

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN

21a. SCOTT MILNE 21b. Scott Milne M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE

22. 916 WASHINGTON ST. MICHIGAN CITY IND.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

23a. BURIAL 23b. OAK HILL CEMETERY 23c. GARY INDIANA

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24a. 8/4/77 24b. GUY ALLEN FUNERAL HOME 24c. 2959 W. 11th St Gary

25. HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

James Milne M.D. 8-25-77

1183
 See Gates PO Box 1785 Gary 46409