

TYPE OR PRINT
PLAINLY WITH
UNFAADING INK

093389

69 1630

Lawrence Dates 101 W 75th Pl.

INDIANA STATE BOARD OF HEALTH

men 46x10

MEDICAL CERTIFICATE OF DEATH

State No.

219

APR - 45-69-18
HUSMAN 980
LOT 16 PL 6

FUNERAL HOME
No. 249

4263

FUNERAL DIRECTOR'S
LICENSE No. 627

E.W. TOWNS

Signature of E.W. Towns

Disposition Permit
Issued / /
Provisional
Certificate
Yes No

PERMANENT INK
SEE INSTRUCTIONS

USUAL RESIDENCE
WHERE DECEASED
LIVED - IF DEATH
OCCURRED IN
INSTITUTION GIVE
MEDICINE BEFORE
ADMISSION

DECLASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (MONTH, DAY, YEAR)	
1 ANNIE				HARRIS	Female	11-15-69	
RACE	AGE--LAST BIRTHDAY (YEARS)	UNEMPLOYED YEAR MONTH DATE	UNEMPLOYED DAY HOUR MIN	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4 Negro	57			6-5-1912	Lake		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION--NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a Gary		7b Yes		7d Methodist Hospital			
STATE OF BIRTH (IF NOT IN U.S.A.) (LISTED IN STATE COUNTY)		7c U.S.A.		7e MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		7f Larnzy	
8 Arkansas		U.S.A.		7g		7h APR 1969	
SOCIAL SECURITY NUMBER		9a HOMEWORKER		9b		STATE OF BIRTH (IF NOT IN U.S.A.) (LISTED IN STATE COUNTY)	
1,316-22-8877		13a		13b		13c	
RESIDENCE--STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14a Indiana		14b Lake		14c Gary		14d Calumet	
STREET ADDRESS		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		14e Calumet	
14a 2962 W. 11th Ave.		14b Lake		14c Gary		14d Calumet	
14e 2962 W. 11th Ave.		14b Lake		14c Gary		14d Calumet	
PARENTS		FATHER--NAME		MOTHER--NAME		RELATIONSHIP	
15 Ed		16 Hampton		17a Claude		17b HUSBAND	
17a Larnzy Harris		17b Husband		17c 2962 W. 11th Ave.		17d	
PART I. DEATH WAS CAUSED BY		IMMEDIATE CAUSE		OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18		19a Acute Myocardial Infarction		19b heart J...		19c One hour	
CAUSE		20		21		22	
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CERTIFIED BY:

William E. Johnson

HEALTH COMMISSIONER
CITY OF GARY, IND.

MAR. 20 1900

DATE _____