

3.00
 TYPE OR PRINT
 PLAINLY WITH
 UNFADING INK
 THIS IS A
 PERMANENT
 RECORD

4727 W. 11th Ave Gary, Ind 46406
 INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

No. 000200
 State No.

000441
 Local No. 0719

Below the State Office Use

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FUNERAL HOME
 No. 249
 LICENSE No. 4263
 FUNERAL DIRECTOR'S NAME Edward W. Toms

PERMANENT HOME
 No. 249
 FUNERAL DIRECTOR'S NAME Edward W. Toms
 SIGNATURE
 Key # 93-148-1 Gary Burial Sub. See lots 1 & 2 Plot 2

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
1. <u>Vivian</u>				<u>Walker</u>	<u>Female</u>	<u>May 7, 1973</u>		
RACE		AGE—LAST BIRTHDAY (YEARS)	NUMBER YEAR BORN	NUMBER DAY BORN	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. <u>Black</u>		<u>47</u>			<u>4-6-1926</u>	<u>La. Lake</u>		
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)				
7. <u>Gary</u>		<u>YES</u>		<u>Methodist Hospital</u>				
STATE OF BIRTH (IF NOT IN U.S.)		CITIZENSHIP (IF NATURALIZED)		MARRIED <input checked="" type="checkbox"/> UNMARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. <u>Alabama</u>		<u>U.S.A.</u>		<input type="checkbox"/> WIDOWER <input type="checkbox"/> DIVORCED <input type="checkbox"/> <u>Ben H. Walker</u>				
SOCIAL SECURITY NUMBER		LEGAL OR DE FACTO (GIVE KIND OF MARRIAGE DURING BODY OF MARRIAGE (YES, GIVE DATE))		KIND OF BUSINESS OR INDUSTRY				
12. <u>12</u>		<u>Homemaker</u>						
RESIDENCE—STATE		COUNTY		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP		
<u>Indiana</u>		<u>La. Lake</u>		<u>YES</u>		<u>Calumet</u>		
STREET AND NUMBER		CITY, TOWN, OR LOCATION		DECEASED EVER IN U.S. ARMED FORCES (If no. no. or unknown) (If yes, give exp. or dates of service)		IS RESIDENCE ON A FARM?		
<u>4727 W. 11th Ave.</u>		<u>Gary</u>		<u>NO</u>		<u>NO</u>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15. <u>Rob Sims</u>		<u>(D)</u>			<u>Ethel Young</u>			
INFORMATION—NAME		RELATIONSHIP		MARRIAGE ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <u>Ben H. Walker</u>		<u>17b. Husband</u>		<u>5727 W. 11th Ave. Gary, Indiana</u>				
PART I DEATH WAS CAUSED BY		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. IMMEDIATE CAUSE		<u>Retarded cerebral aneurysm</u>		<u>1</u>				
CONDITIONS IN ANY WHICH WERE HELD TO BE IMMEDIATE CAUSE (a) STATING THE UNDER LYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF						
PART II OTHER SIGNIFICANT CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER						
APR 04 1990 APR 04 1990								
DATE & TIME OF DEATH		MONTH	DAY	YEAR	DATE SIGNED	MONTH	DAY	YEAR
<u>May 11, 1973</u>		<u>May</u>	<u>11</u>	<u>1973</u>	<u>E. O'Rourke, La. Co.</u>			
PHYSICIAN'S NAME (TYPE ON LAST IN ATTENDANCE)		COUNTY		NATURE OF PHYSICIAN		PHY. CODE NO.		
22a. <u>E. O'Rourke, La. Co.</u>		<u>La. Co.</u>		<u>Physician</u>		<u>46407</u>		
23. <u>26 East 15th. Ave.</u>		<u>Gary</u>		<u>Ind.</u>		<u>46407</u>		
BURIAL CREMATION, REINTERMENT (SPECIFY)		CEMETERY, CREMATORIUM, FUNERAL HOME		LOCATION		CITY OR TOWN		STATE
24a. <u>Burial</u>		<u>Oak Hill Cemetery</u>		<u>Gary, Indiana</u>				
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP				
24b. <u>May 11, 1973</u>		<u>Toms Funeral Home</u>		<u>1900 W. 15th Ave. Gary, Indiana 46404</u>				
25a. <u>1113</u>		HEALTH OFFICER'S SIGNATURE		DATE SIGNED BY LOCAL HEALTH OFFICER				
		<u>[Signature]</u>		<u>MAY 15 1973</u>				

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

4.00
 GMP

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CERTIFIED BY:

Ann ...

RECORDER OF DEEDS
CITY OF ...

DATE MAR. 20 1990

