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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

806000

Below for State Office Use

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FUNERAL HOME No. *253*
 FUNERAL DIRECTOR'S LICENSE No. *1235*
 EMBALMER'S NAME *Andrew Smith*
 FUNERAL DIRECTOR'S SIGNATURE *Andrew Smith*

DECEASED-NAME RILEY SMITH		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) JANUARY 31, 1985
RACE BLACK	AGE 54	DATE OF BIRTH (Mo. Day Yr.) 2-27-30	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH GARY		HOSPITAL OR OTHER INSTITUTION GARY METHODIST	IF HOSP OR INST. (Specify) INP.
STATE OF BIRTH TENN.	CITIZEN OF WHAT COUNTRY US	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	SURVIVING SPOUSE (Name) DOROTHY MAE WILLIS
SOCIAL SECURITY NUMBER 412-42-2690		USUAL OCCUPATION RETIRED	KIND OF BUSINESS OR INDUSTRY REPUBLIC STEEL
RESIDENCE-STATE INDIANA		CITY, TOWN OR LOCATION LAKE GARY	RESIDENCE-STATE LAKE
STREET AND NUMBER 2725 E. 21ST. PLACE		IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSURANCE LIMITS (Specify)
FATHER-NAME RILEY		MOTHER-MAIDEN NAME ELIZABETH SMITH	STATE OF BIRTH INDIANA
INFORMANT-NAME DOROTHY MAE SMITH		RELATIONSHIP WIFE	MAILING ADDRESS 2725 E. 21ST. PLACE GARY, INDIANA 46407
BURIAL, CREMATION, REMOVAL, OTHER BURIAL		CEMETERY OR CREMATORY EVERGREEN PARK	LOCATION HOBART, INDIANA
DATE FEBRUARY 5, 1985		DATE SIGNED FEB 21 1985	
NAME OF ATTENDING PHYSICIAN Dr. R. C. Smith		HOUR OF DEATH M	
HEALTH OFFICER-SIGNATURE <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 21 1985	
IMMEDIATE CAUSE Myocardial infarction		Interval between onset and death	
PART (a) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART (b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART (c) OTHER SIGNIFICANT CONDITIONS		AUTOPSY (Specify Yes or No)	

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FILED

APR 16 1990

Andrew N. Carter
AUDITOR LAKE COUNTY

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