

LLOYD B. FISHER, 504 Broadway, Suite 506-507
 GARY, IN 46402

Key # 46-220-14
 2nd Oak Park
 No. L14 BL65

Local No. 59-446

DIVISION OF VITAL RECORDS
 MEDICAL CERTIFICATE OF DEATH

1. NAME OF DECEASED
 a. COUNTY: Lake
 b. CITY, TOWN, OR LOCATION: Gary
 c. Sex: Male
 d. Age: 42 yrs.

2. STREET ADDRESS
 2648 Madison Street

3. IN PLACE OF DEATH INSIDE CITY LIMITS: YES NO

4. IN RESIDENCE INSIDE CITY LIMITS: YES NO

5. IN RESIDENCE FOR A YEAR: YES NO

6. NAME OF HOSPITAL OR INSTITUTION: D.O.A. at Methodist Hospital

7. DATE OF DEATH: 4-1-1959

8. SEX: Male

9. COLOR OR RACE: Negro

10. DATE OF BIRTH: 11-23-1905

11. USUAL OCCUPATION: (If not in hospital, give street address)

12. FATHER'S NAME: Jack Harrell

13. INFORMANT'S NAME: Mrs. Vellie Galloway

14. INFORMANT'S ADDRESS: 2648 Madison Street

15. CAUSE OF DEATH: (State only the cause proximate to (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a): *Acute Coronary Thrombosis*
 DUE TO (b): *Pathological Hypertension*
 DUE TO (c):

16. ACCIDENT: SUICIDE: HOMICIDE:

17. TIME OF INJURY: Hour: , Min: , P.M.:

18. PLACE OF INJURY: (a) HOME: (b) PLACE OF WORK:

19. ATTENDING PHYSICIAN: I certify that I attended the deceased from 4-1-59 to 4-1-59. Death occurred at 4:15 P.M. (C.S.T.) on the date stated above; and to the best of my knowledge, from the cause stated.

20. SIGNATURE OF HEALTH OFFICER: *F. J. Rosenbloom*

21. SIGNATURE OF FUNERAL DIRECTOR: *Creswell's Funeral Directors*

22. ADDRESS: 123 W. 21st

23. DATE SIGNED: 4-6-59

24. NAME OF CEMETERY OR CREMATORY: Oak Hill

25. LOCATION: Gary, Indiana

26. DATE RECEIVED BY LOCAL HEALTH OFFICER: 4-7-59

27. ADDRESS: 400

001285

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 APR 20 1959
 RECORDER'S OFFICE
 LAKELAND, INDIANA

STATE OF INDIANA/R.S. NO.
 LAKE COUNTY
 FILED FOR RECORD
 APR 20 11 44 AM '59

Funeral Director's License No. 915
 Robert H. Jennerly
 License No. 5325

LLOYD B. FISHER
 Counselor at Law

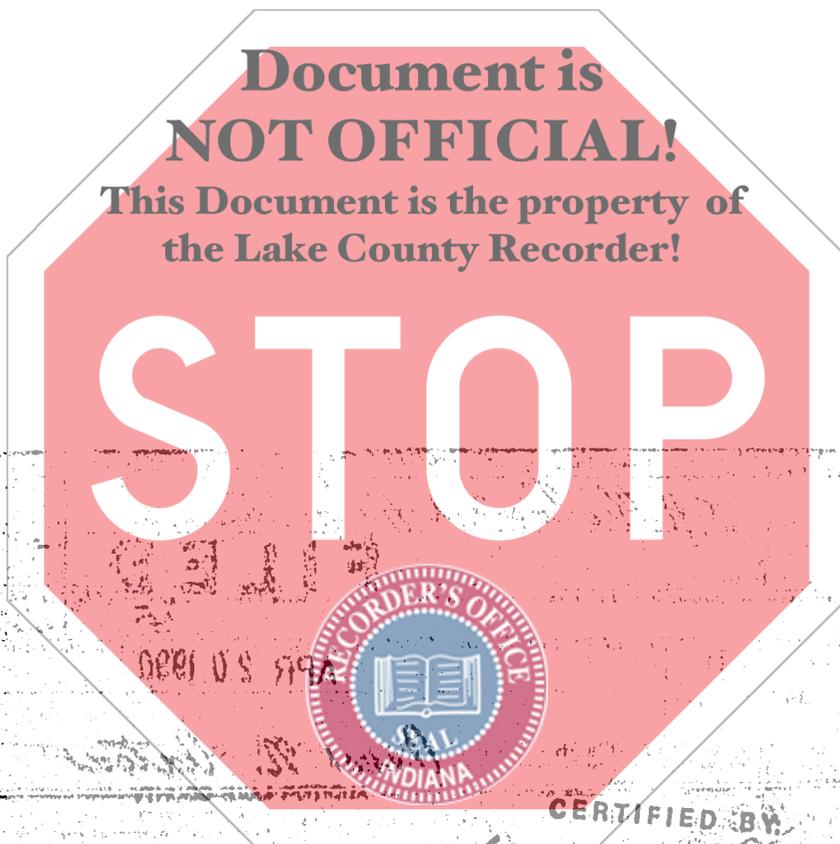
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LLOYD B. FISHER
Counselor at Law

DRAKE, FISHER & ASSOCIATES
ATTORNEYS-AT-LAW



STATE OF INDIANA, S.S. NO.
LAKE COUNTY
FILED FOR RECORD

APR 20 11 44 AM '90

CERTIFIED BY:

Anna E. [Signature]

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE

APR 20 1990

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Lloyd B. Fisher, 504 Broadway, Suite 506-507, Gary, IN 46402

