

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

Below for State Office Use

A _____
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X _____
Y _____
Z _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

103238 80-0180

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No. _____

Local No. _____

FUNERAL HOME

No. 770

LICENSE No. 5170

FUNERAL DIRECTOR'S

LICENSE No. 270

EMBALMER'S NAME Roosevelt Allen

FUNERAL DIRECTOR'S SIGNATURE

KEY# 46-448-19

Not in Chicago records for 1980

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, OR RESIDENCE BEFORE ADMISSION.

M.D. OR D.O.

CONDITIONS IF ANY WHICH MAY BE RELATED TO CAUSE OF DEATH

STATE THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Charlie		Williamson			2. Male	3. Feb. 12, 1980	
RACE—(as of 1980, Black, American Indian, see 152000-04)		AGE—(Last Birthday) (in Yr)		DATE OF BIRTH (Mo., Day, Yr)		COUNTY OF DEATH	
4. Black		5a. 75		6. 3/4/1904		7a. Lake	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name if not in index, give street and number)			IF HOSP. OR INST. Indicate BOA, DP, (over Reg., Department) (Specify)
7b. Gary				7c. Methodist Hospital			7d. Inp.
STATE OF BIRTH (as not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (if wife, give maiden name)	
8. Miss.		9. U.S.A.		10. Widowed		11. _____	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of work life, give dates if relevant)		KIND OF BUSINESS OR INDUSTRY	
12. 312-10-9732				13. Retired		14. U.S. Steel Corp.	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		RESIDENCE ON A FARM?	
15a. Indiana		15b. Lake		15c. Gary		15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER				INSIDE CITY LIMITS (Specify Yes or No)		18. YES	
16a. 2572 Penn. St.							
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY AMERICAN, CUBAN, MEXICAN, ETC.							
19. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST
10. Joseph		Williamson			17. Annie		L. Luellen
INFORMANT—NAME (Type or print)				MAILING ADDRESS		CITY OR TOWN	
18a. Elizabeth Durr				2572 Penn. St.		Gary, Indiana 46407	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				LOCATION		CITY OR TOWN	
19a. Burial				19b. Oak Hill Cemetery		19c. Gary, Indiana	
DATE (MONTH, DAY, YEAR)				FUNERAL HOME—NAME AND ADDRESS			
20a. 2/16/80				20b. Guy & Allen Funeral Directors 2959 W. 11th Ave, Gary, Ind			
To the best of my knowledge, death occurred at the place and place specified on the certificate.				DATE SIGNED (Mo., Day, Yr)		HOUR OF DEATH	
21a. (Signature) E. N. DeBots				21b. March 4, 1980		21c. 10:15 AM	
NAME OF ATTENDING PHYSICIAN (Type or print)							
21d. E. N. DeBots M.D.							
MAILING ADDRESS—PHYSICIAN				DATE RECEIVED BY LOCAL HEALTH OFFICER			
21e. 2240 Grant St. Gary, Indiana 46404				22b. MAR 10 1980			
HEALTH OFFICER—SIGNATURE							
22a. H. Caldwell, M.D.							
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I(a) AND I(b))				Interval between onset and death			
PART I (a) Cerebrovascular Accident				10 minutes			
PART I (b) Generalized arteriosclerosis				Unknown			
PART I (c) Coronary Heart Disease				Unknown			
OTHER SIGNIFICANT CONDITIONS—Conditions contributory to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)			
PART II				24. No			

001852

FILED

STOP



400

528100

157

1133



CERTIFIED BY:

Alvera E. Foster

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE MAY 30 1990