

103857

83-0137

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 22030

Local No. ....

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

Below for State Office Use

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**FILED**  
FURNAL HOME  
LICENSE No. 173  
FURNAL DIRECTOR'S  
LICENSE No. 63  
EMBALMER'S NAME Richard G. Gault  
FURNAL DIRECTOR'S  
SIGNATURE Richard G. Gault

DECEASED—NAME 1. <u>Pearl</u> <u>W.</u> <u>HILL</u>		SEX 2. <u>F</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>2-18-83</u>
RACE—(If not on list, A Indian, or I identify) 4. <u>Black</u>	AGE—(List 8-phary (71) 5a. <u>82</u>	UNDER 1 YEAR 5b. <u>MOSE</u>	UNDER 1 DAY 5c. <u>DATE</u>
CITY, TOWN OR LOCATION OF DEATH 7b. <u>Gary</u>		HOSPITAL OR OTHER INSTITUTION—(Name if not an address, give street and number) 7c. <u>2251 Vermont</u>	IF HOSP. OR INST. Indicate DOA, DP, Inst. B., Institution (Specify) 7d.
STATE OF BIRTH (If not on list, A name country) 8. <u>Miss.</u>	CITIZEN OF WHAT COUNTRY 9. <u>U.S.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <u>Married</u>	SURVIVING SPOUSE (If wife, give maiden name) 11. <u>Lonnie Hill</u>
SOCIAL SECURITY NUMBER 12. <u>329-18-7668</u>	USUAL OCCUPATION (Give kind of work done during most of working life, type of occupation) 13. <u>Home maker</u>	KIND OF BUSINESS OR INDUSTRY 14b.	
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 15. <u>2251 the Vermont</u>	RESIDENCE—STATE 15a. <u>Ind</u>	CITY, TOWN OR LOCATION 15b. <u>Gary</u>	15c.
16. <u>2251 the Vermont</u>		IS RESIDENCE ON A FARM? 18a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES OR NO) 18b. <u>Yes</u>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 19. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16. <u>Louis</u>	FIRST 16. <u>Wilson</u>	MOTHER—MAIDEN NAME 17. <u>Sabbie</u>	FIRST 17. <u>Soleman</u>
INFORMANT—NAME (Type or print) 18. <u>Lonnie Hill-Husband</u>	RELATIONSHIP 18. <u>Husband</u>	MAILING ADDRESS 19. <u>2251 Vermont</u>	STREET OR R.F.D. NO. 19. <u>Gary Ind 46407</u>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <u>Burial</u>	DATE (MONTH, DAY, YEAR) 20a. <u>2-26-83</u>	CEMETERY OR CREMATORY—(FUNERAL HOME) 19b. <u>Evergreen Park</u>	LOCATION 19c. <u>Hobart Ind 46407</u>
To the best of my knowledge, death occurred at the place and time and due to the cause(s) stated. 21a. (Signature) <u>Donald Tucker</u>		DATE SIGNED (MO, DAY, YR) 21b. <u>2/25/83</u>	HOUR OF DEATH 21c. <u>2/18/83</u>
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. <u>DONALD TUCKER, M.D.</u>			
MAILING ADDRESS—PHYSICIAN 21e. <u>1619 West 5th Ave &amp; Gary Ind</u>			
HEALTH OFFICER—SIGNATURE 22a. <u>James I. Hollibaugh</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <u>2/25/83</u>	
23. IMMEDIATE CAUSE (a) <u>Old Age, Pneumonia</u>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF.		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to those given in PART I)		AUTOPSY (Specify Yes or No) 24. <u>No</u>	