

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

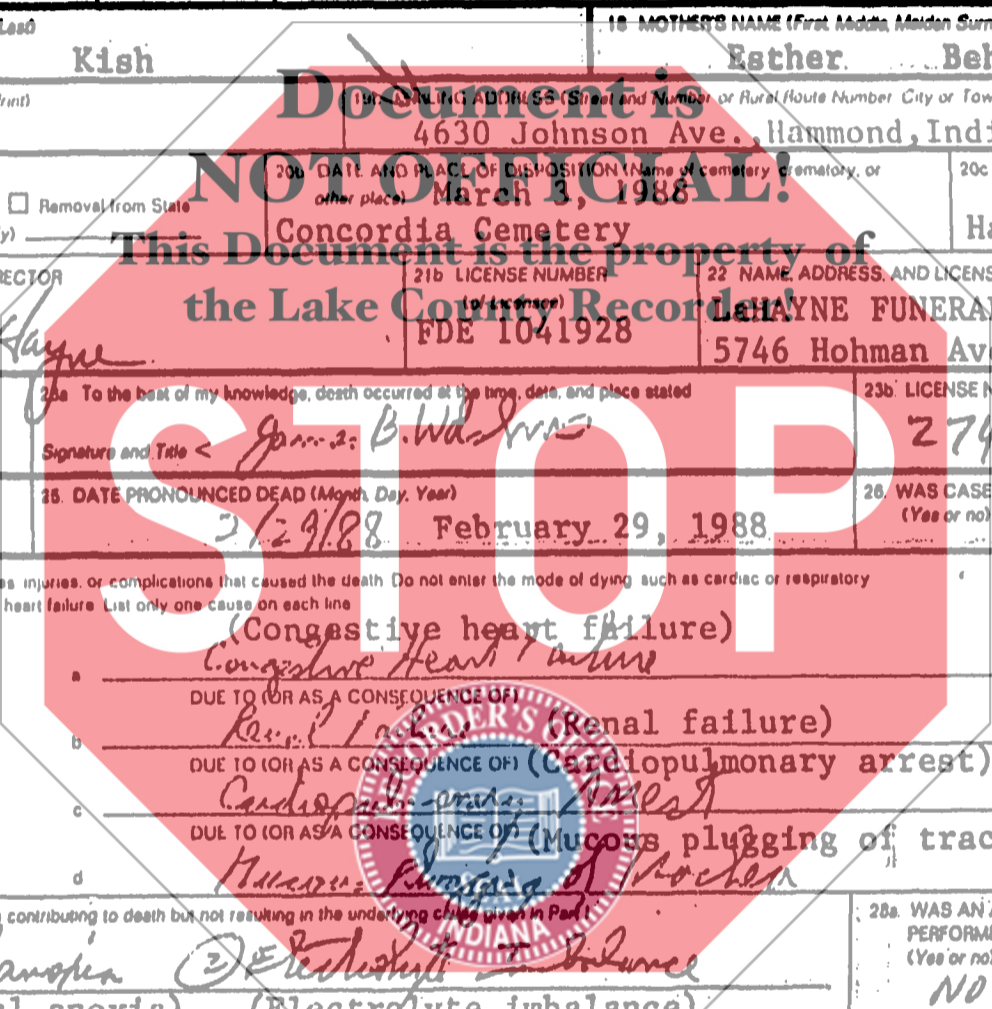
THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

S MAR 0 1 1988

Date Issued Hammond Health Commissioner

Local No. 199 91009159

Form with fields for DECEASED-NAME, SOCIAL SECURITY NUMBER, AGE, DATE OF BIRTH, PLACE OF DEATH, SURVIVING SPOUSE, RESIDENCE, MANNER OF DEATH, etc.



FILED

FEB 27 1991

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Vertical text on the left margin: 'Reg # 35-157-40 Redw. E. Pt. N. Side add S2-2.35 BL13'