

Orig. Version of (Gr. S. H. 1-33, 31, + 35
Key # 26-129-33, 31, + 35

All 131.9
INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

SBH 113-3

Local No. 245-70

State No.

91015424

00233

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Ivan			V.		Alger	2. Male	3. April 30, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB.	UNDER 1 DAY HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 76	5b.	5c.		6. 6-2-1893	7a. Lake County	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Griffith			7c. Yes		7d. 219 North Wood Street, Griffith, Indiana (home)			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Indiana			9. U.S.A.		10. Widowed		11.	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION			SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 708-01-3043			13. Broken		14. Railroad			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
14a. Indiana		14b. Lake Co.	14c. Griffith		14d. Yes	14e. Calumet		
STREET AND NUMBER			IS RESIDENCE ON A FARM?					
14f. 219 North Wood Street			14g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			FIRST	MIDDLE	LAST
15. David					Alger	16. Lena					Ensweller
INFORMANT—NAME						RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Betty Alger						17b. Daughter	17c. 219 North Wood, Griffith, Indiana				

PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE (OR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE		(a) Malignant Nephroma		12-11-1957		
DUE TO, OR AS A CONSEQUENCE OF:		(b) Left Kidney with generalized Metastasis		FILED		
DUE TO, OR AS A CONSEQUENCE OF:		(c)				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)				CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE	AUTOPSY (YES OR NO)	IF YES WERE A DETERMINING CAUSE OF DEATH
					19a. No	19b.

DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED (MONTH, DAY, YEAR)			
20a. M.		20b. April 30 1970			M. 21a. May 2, 1970			
CERTIFIER—NAME (TYPE OR PRINT)					SIGNATURE (DEGREE OR TITLE)			
22a. Joseph M. Siekierski, M.D.					22b. Joseph M. Siekierski, M.D.			
MAILING ADDRESS—CERTIFIER					CITY OR TOWN		STATE	ZIP
23. 145 North Griffith Blvd., Griffith, Indiana					Indiana			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME			LOCATION, CITY OR TOWN		STATE	FUNERAL HOME NUMBER
24a. Burial		24b. Ridge Lawn Cemetery			16244 W. Gary, Indiana			750
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24c. 5-4-1970		25a. Kuiper Funeral Home, 9039 Kleinman, Highland, Indiana						
FUNERAL DIRECTOR—SIGNATURE				HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		
25b.				26a. A. F. Gregory		26b. May 4, 1970		

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Charles J. Johnson
LAKE COUNTY HEALTH COMMISSIONER
April 30, 1970



Alex N. Ant...
AUDITOR LAKE COUNTY

EMBALMER'S NAME: Cornelius A. Kuiper
LICENSE No. 1451
FUNERAL DIRECTOR'S LICENSE No. 94

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