

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
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- 12 _____

91016919

Local No.

83-0385

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

J. P. Shropshire
4860 B'way Apt 71859
Gary IN 46401
State No. _____

FUNERAL HOME

FUNERAL DIRECTORS

FUNERAL DIRECTOR'S SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

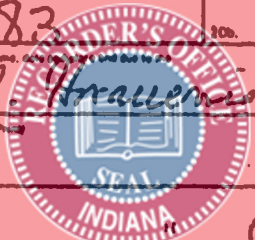
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

1. Rachel		LAST Lowe		SEX F	DATE OF DEATH 6-13-83
4. Black		AGE 76	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH 9-16-06
7a. Gary		7b. Gary Methodist		7c. Lake	
8. Ala.		9. U.S.		10. Married	
11. 309-36-0814		12. Home maker		13. No	
14a. IN		14b. Lake		14c. Gary	
15. Street		15a. NO		15b. yes	
16. George Woods		17. Ida		18. James Lowe (husband)	
19a. Burial		19b. Forevergreen Park		19c. Hobart, IN	
20a. 6-11-83		20b. Andrew Smith		20c. 934 E. 8th St	
21a. R. A. Trautman		21b. 6/15/83		21c. 10 10 97 AM	
22a. Massive Hemorrhage		22b. 6-13-83		22c. FILED	
23. Dr. includes mellitus		24. APR 09 1991		25. 600	

EMBALMER'S NAME: *Cyrene Smith*
FUNERAL DIRECTOR'S SIGNATURE: *Arthur Smith*
Pridmore

KEY X 46-302



Anna N. Untch
ALTON LAKE COUNTY



CERTIFIED BY
Theresa J. ...
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE MAR. 22 1991