

C.T.H. + I. Co's 5th Add L344 Bl. 11
Key #42-110-3
Unit #25

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TYPE OR PRINT
PLAINLY, WITH
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THIS IS A
PERMANENT
RECORD

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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 85-0851

State No. _____

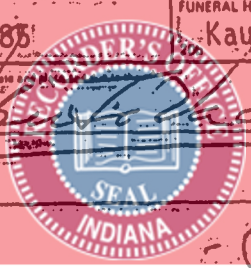
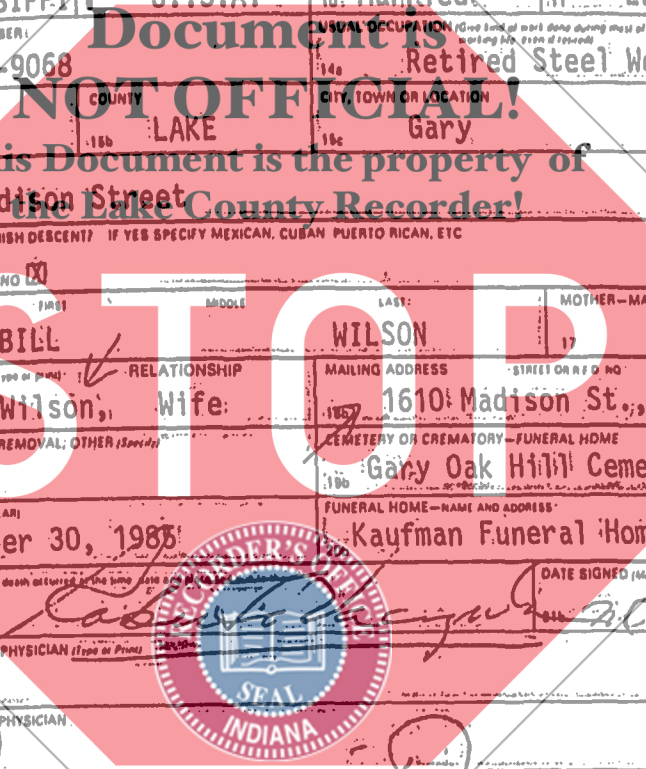
FUNERAL HOME No. 241
FUNERAL DIRECTOR'S LICENSE No. 1351
FUNERAL DIRECTOR'S SIGNATURE: Celeste P. Kaufman

LICENSE No. 3362

EMBALMER'S NAME CELESTE P. KAUFMAN

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
DECEASED
PARENTS
DISPOSITION
M.D. OR D.O.
CAUSE

| | | | |
|--|---------|---|---|
| DECEASED - NAME FIRST: ALEX MIDDLE: WILSON LAST: WILSON | | SEX: Male | DATE OF DEATH (MONTH DAY YEAR): December 26, 1985 |
| RACE: BLK AMERICAN | AGE: 80 | DATE OF BIRTH (MO DAY YEAR): Sept. 12, 1905 | COUNTY OF DEATH: LAKE |
| CITY, TOWN OR LOCATION OF DEATH: Gary | | HOSPITAL OR OTHER INSTITUTION: St. Mary Medical Center | |
| STATE OF BIRTH: MISSISSIPPI | | CITIZEN OF WHAT COUNTRY: U.S.A. | MARRIED NEVER MARRIED, WIDOWED, DIVORCED: Married |
| SOCIAL SECURITY NUMBER: 425-03-9068 | | USUAL OCCUPATION: Retired Steel Worker | KIND OF BUSINESS OR INDUSTRY: NONE |
| RESIDENCE - STATE: INDIANA | | COUNTY: LAKE | CITY, TOWN OR LOCATION: Gary |
| STREET AND NUMBER: 1610 Madison Street | | IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| FATHER - NAME: BILL WILSON | | MOTHER - MAIDEN NAME: KATIE | |
| INFORMANT - NAME: Luella Wilson, Wife | | MAILING ADDRESS: 1610 Madison St., Gary, IN 46407 | |
| BURIAL, CREMATION, REMOVAL, OTHER: Burial | | CEMETERY OR CREMATORY - FUNERAL HOME: Gary Oak Hill Cemetery | |
| DATE: December 30, 1985 | | FUNERAL HOME - NAME AND ADDRESS: Kaufman Funeral Home, Inc., 421 W. 5th, Gary, IN 46402 | |
| NAME OF ATTENDING PHYSICIAN: Roberto Valenzuela, M.D. | | DATE SIGNED: 1/6/86 | |
| HEALTH OFFICER - SIGNATURE: James J. H. White, M.D. | | DATE RECEIVED BY LOCAL HEALTH OFFICER: JAN 6 1986 | |
| PART I: Immediate Cause: Congestive Heart Failure | | Interval between onset and death: | |
| PART II: Underlying Cause: Accelerative Heart Disease | | Interval between onset and death: | |



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MAY 3 1991

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fax mailing address: 1610 Madison St, Gary, IN 46407

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Prod.

01/01/86

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**This Document is the property of
the Lake County Recorder!**

STOP



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CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE: **JAN 6 1986**