Tolleston Club Property
W 37½ ft L.2 Bl.9, Key#49-401-19 unit#41

Tolleston Club Property
L.11 Bl.16
Key#49-408-11, unit#41

Oak Meadows Lot 40
Key#49-439-10, unit#41

William Pratchet

88 0844 Resumit

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 91025602

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME FIRST	MIDDLE	LAST	2. SEX	3. DATE OF DEATH (Mo. Day Yr.)
Katherine		Pratchet	Female	Nov 27,1988

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month Day Year)	7. BIRTHPLACE (City and State or Foreign Country)
413 48 8708	60			Nov 22,1928	Byhila, Miss.

8. YEAR LAST SERVED IN U.S. ARMED FORCES? No

9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: ☑ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Methodist ~~Southlake~~ Northlake	Gary	Lake

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	William Pratchet	Homemaker	Home

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	2521 Wright St

13e. INSIDE CITY LIMITS? (Yes or no)	13f. FARM	13g. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE—American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)
Yes	No		☒ No ☐ Yes	Black	12

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Elijah Shipp	Charlene Myl...

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	19c. Relationship
Mrs Darlene Thompson	2521 Wright St Gary, Indiana	Daughter

DISPOSITION

20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Dec 3,1988 Oak Hill

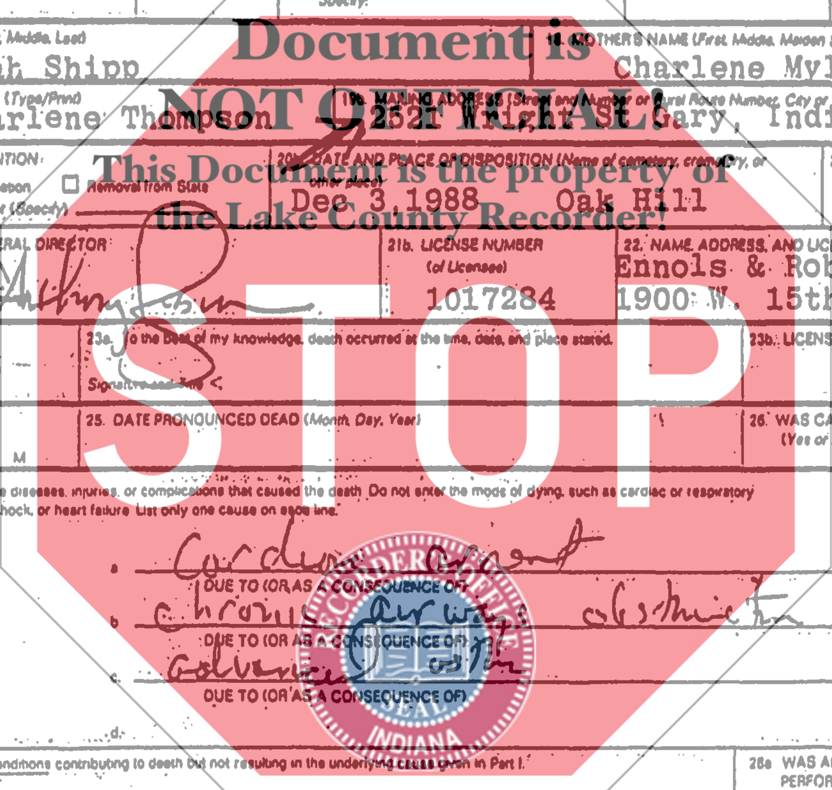
20c. LOCATION—City or Town, State: Gary, Indiana

21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]

21b. LICENSE NUMBER (of Licensee): 1017284

22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Ennols & Robinson Memorial Chape 1900 W. 15th Av Gary,IN 3002495

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD — NOV 2 ... 30 PM ... — ROBERT ... RECORDER



PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.

23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title

23b. LICENSE NUMBER

23c. DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH: 11:35 A M

25. DATE PRONOUNCED DEAD (Month, Day, Year)

26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)

SEE INSTRUCTIONS

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiac arrest

DUE TO (OR AS A CONSEQUENCE OF):

b. chronic airway obstruction

DUE TO (OR AS A CONSEQUENCE OF):

c. Gold... [illegible]

DUE TO (OR AS A CONSEQUENCE OF):

d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

CAUSE OF DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

FILED MAY 24 1991

Anna N. Anton — AUDITOR LAKE COUNTY

SEE INSTRUCTIONS — CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: [signature] Oliver W. Crawford

29c. LICENSE NUMBER: 19936

29d. DATE SIGNED (Month, Day, Year): 12/6/88

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): Oliver Crawford 3290 Grant St Gary, Indiana 46408

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Rebecca E. Foston MD MOH/AC

32. DATE FILED (Month, Day, Year): MAY 1 1991

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

600

01464

State Form ...