

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

Below for State Office Use

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Disposition Permit
Issued / /
Provisional
Certificate...
 Yes No

EMBALMER'S NAME Roosevelt Allen
FUNERAL DIRECTOR'S NAME Roosevelt Allen
FUNERAL HOME No. 770
LICENSE No. 5170
FUNERAL DIRECTOR'S LICENSE No. 270

91026658

Local No. 434-77

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

1. DECEASED—NAME FIRST MIDDLE LAST Morgan Sykes			2. SEX Male	3. DATE OF DEATH—(MONTH, DAY, YEAR) April 9, 1977	
4. RACE Negro	5a. AGE—LAST BIRTHDAY (YEARS) 78	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) 11/3/98	7. COUNTY OF DEATH Lake
8. CITY, TOWN, OR LOCATION OF DEATH Munster			9. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Munster Medical Inn	
11. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		13. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE SPOUSE NAME) Hazel Perlman	
14. USUAL RESIDENCE WHERE DECEASED LIVED, IN DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 14a. STATE Indiana 14b. COUNTY Lake 14c. CITY, TOWN OR LOCATION Gary 14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes 14e. TOWNSHIP Calumet		15. SOCIAL SECURITY NUMBER 312-05-4776		16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired	
17. FATHER—NAME FIRST MIDDLE LAST Abe Sykes		18. MOTHER—MIDNEN—NAME FIRST MIDDLE LAST Unknown		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) No	
20. INFORMANT—NAME Hazel Sykes		21. RELATIONSHIP Wife		22. MAILING ADDRESS: (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 538 West 22nd Place Gary, Indiana	
23. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE; (a), (b), AND (c)) IMMEDIATE CAUSE (a) Cerebral Thrombosis (b) Generalized Arteriosclerosis CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) BY LISTING THE UNDERLYING CAUSE LAST					
24. PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) Arteriosclerosis Multiple Sclerosis					
25. DATE & TIME OF DEATH MONTH DAY YEAR April 9, 1977 HOUR 11 a.m.			26. DATE SIGNED MONTH DAY YEAR 4 11 77		
27. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE L. E. Bomler			28. SIGNATURE OF PHYSICIAN L. E. Bomler M.D.		
29. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			30. PHYSICIAN'S CODE NO.		
31. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		32. CEMETERY, CREMATORY, FUNERAL HOME Ridgelawn Cemetery		33. LOCATION CITY OR TOWN STATE Gary, Indiana	
34. DATE (MONTH, DAY, YEAR) 4/14/77		35. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Indiana			
36. HEALTH OFFICER—SIGNATURE Peen Frey M.D.			37. DATE RECEIVED BY LOCAL HEALTH OFFICER 4-18-1977		



FILED

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