

INDIANA STATE BOARD OF HEALTH

Local No: 58-88 0006493

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (WILLIAM H. TWILLA, JR.), SOCIAL SECURITY NUMBER (409-40-1229), DATE OF DEATH (JANUARY 6, 1988), PLACE OF DEATH (MERRILLVILLE, INDIANA), and SIGNATURE OF CERTIFIER (Paul Johnson, M.D.).



Vertical handwritten notes on the left margin: '46405', 'L.R. ST. 46405', 'TXS 2646 V.90 ST. L.R. ST. 46405', '19-17-5', 'Carleone 1st. 0.00 L.5, S10.8. L.H., N2 L.6, B.L.7'.

01621

Rees Funeral Home 600 W Ridge Hobart 46342