

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 _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Disposition Permit
Issued _____
Provisional
Certificate
 Yes No

(25) 43-223-24
2392 Buchanan
46407

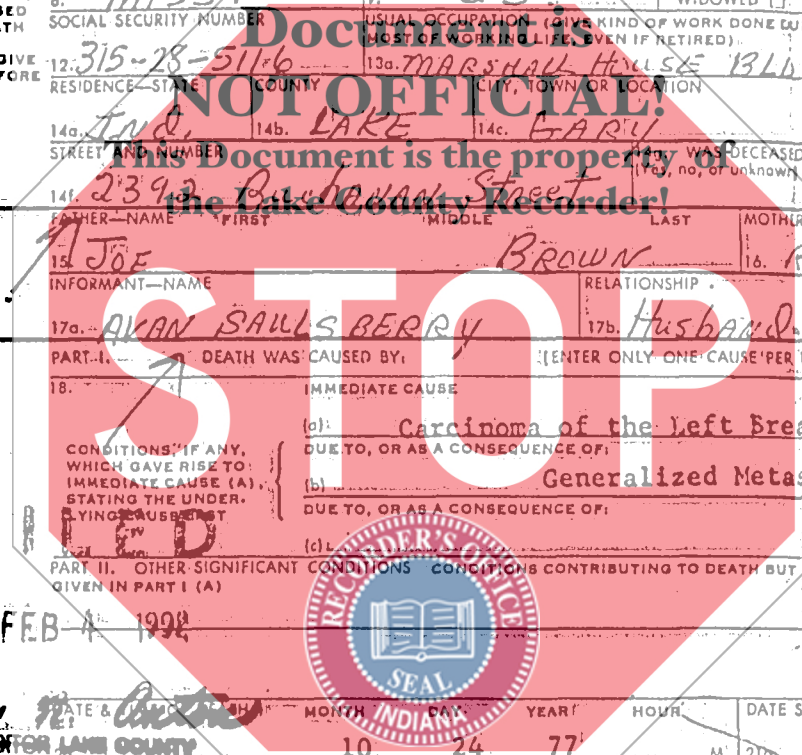
FUNERAL HOME
No. 255
FUNERAL DIRECTOR'S
LICENSE No. 151
FUNERAL DIRECTOR'S
LICENSE No. 1146
EMBALMER'S NAME: *Alma E. Mangin*
FUNERAL DIRECTOR'S
SIGNATURE: *Alma E. Mangin*

4c
S2007121
Local No. 77-0885

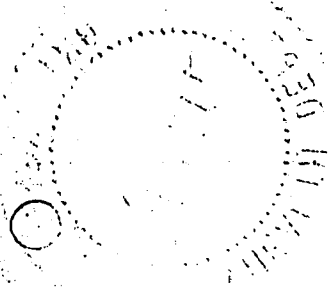
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

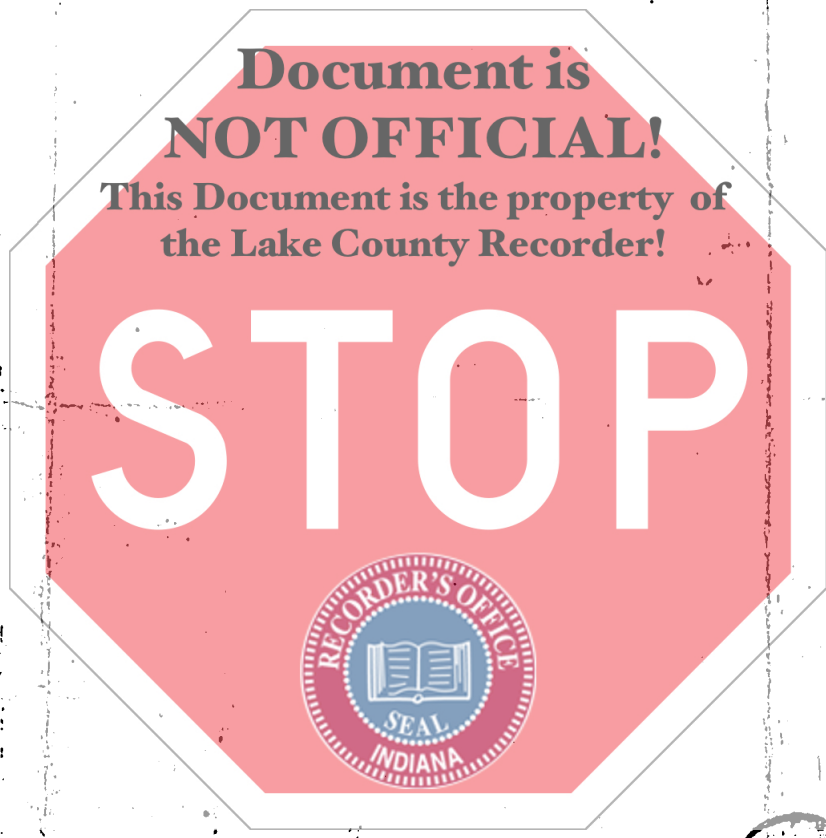
PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME 1. <i>Roberta</i>		FIRST <i>Saulsberry</i>	MIDDLE	LAST	SEX 2. <i>F</i>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <i>10-24-77</i>	
RACE 4. <i>B</i>	AGE—LAST BIRTHDAY (YEARS) 5a. <i>52</i>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <i>3-1-1925</i>		COUNTY OF DEATH 7a. <i>LAKE</i>			
CITY, TOWN, OR LOCATION OF DEATH 7b. <i>GARY</i>			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <i>YES</i>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <i>MERCY HOSPITAL</i>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <i>MISS.</i>		CITIZEN OF WHAT COUNTRY, 9. <i>U.S.</i>		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <i>AVAN SAULS BERRY</i>			
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER 12. <i>315-28-5116</i>		USUAL OCCUPATION—(GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED). 13a. <i>MARSHALL HOUSE BLDG.</i>		KIND OF BUSINESS OR INDUSTRY 13b. <i>CUSTODIAN</i>			
RESIDENCE—STATE 14a. <i>IND.</i>		COUNTY 14b. <i>LAKE</i>		CITY, TOWN OR LOCATION 14c. <i>GARY</i>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <i>YES</i>		TOWNSHIP 14e. <i>CALUMET</i>	
STREET AND NUMBER 14f. <i>2392 Buchanan Street</i>		DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 14g. <i>NO</i>		IS RESIDENCE ON A FARM? 14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME 15. <i>JOE</i>		FIRST <i>BROWN</i>		MIDDLE		LAST		MOTHER—MAIDEN NAME, 16. <i>ROSE BELL</i>	
INFORMANT—NAME 17a. <i>AVAN SAULS BERRY</i>		RELATIONSHIP 17b. <i>Husband</i>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. <i>2392 Buchanan St. Ind.</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>46407</i>			
PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE 18. <i>Carcinoma of the left breast with widespread Generalized Metastasis</i>		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF YES, WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DATE & TIME <i>10-24-77</i>		MONTH <i>10</i>		DAY <i>24</i>		YEAR <i>77</i>		DATE SIGNED MONTH DAY YEAR <i>10-31-77</i>	
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. <i>David D. Chube M. D.</i>		SIGNATURE OF PHYSICIAN 22b. <i>[Signature]</i>		PHY. CODE NO. <i>98</i>					
MAILING ADDRESS—PHYSICIAN 23. <i>1649 Broadway</i>		STREET OR R.F.D. NO.		CITY OR TOWN <i>Gary</i>		STATE <i>Indiana</i>		ZIP <i>46407</i>	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <i>Burial</i>		CEMETERY, CREMATORY, FUNERAL HOME 24b. <i>Greenwood Park</i>		LOCATION <i>Hobart Indiana</i>		CITY OR TOWN		STATE	
DATE (MONTH, DAY, YEAR) 24d. <i>10-27-77</i>		FUNERAL HOME—NAME AND ADDRESS 24e. <i>Andrew Smith</i>		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <i>934 E. 21 Ave. GARY INDIANA</i>					
HEALTH OFFICER—SIGNATURE 25b. <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 25c. <i>NOV 2 1977</i>							



parts 1, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100



Dr. Chube
1649 Broadway



James T. Howard
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE NOV. 2 1977