

FA-4772

INDIANA STATE BOARD OF HEALTH

Return to: First American Title Insurance Company, 5265 Commerce Drive, Brown Point, Indiana 46307

Local No. 55 9200713

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Mario Dolores Guerra), SOCIAL SECURITY NUMBER (306-36-8469), DATE OF BIRTH (SEP 17, 1940), PLACE OF DEATH (East Chicago), and SIGNATURE OF CERTIFIER (Daniel D. Thomas M.D.).

DECEASED

PARENTS

INFORMANT

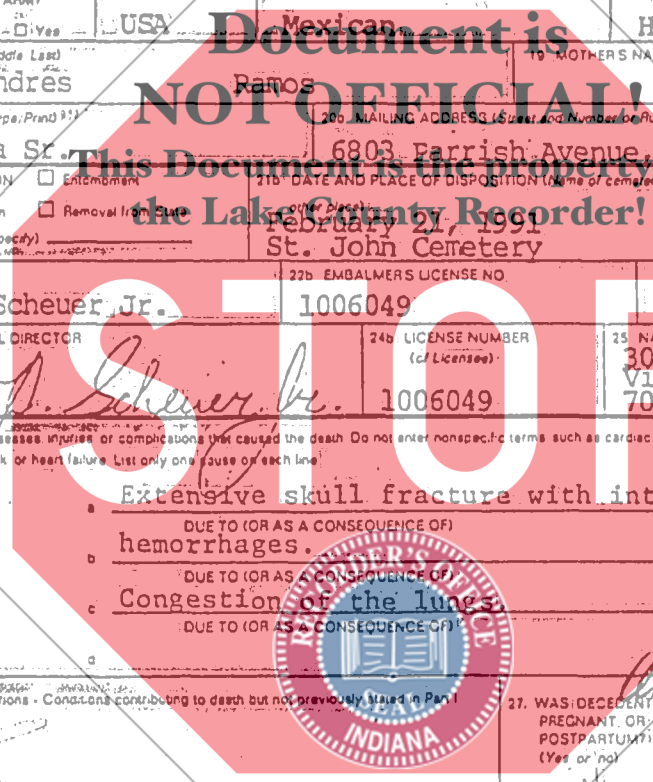
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



FILED

JAN 31 1992

30-483-24

01493