

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

Below for State Office Use

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Andrew Mannis
S. 30' At 45 bl 4
46-516-44
92052322

FUNERAL HOME
No. 770

LICENSE No. 5170
FUNERAL DIRECTOR'S
LICENSE No. 270

EMERALD'S NAME: Roosevelt Allen
FUNERAL DIRECTOR'S
SIGNATURE: *Roosevelt Allen*

50 30
85-0333
Local No.

INDIANA STATE BOARD OF HEALTH
LAKE COUNTY
MEDICAL CERTIFICATE OF DEATH

KOSALIND G. PARR
103 W. 79th Ave.
Mun. In 46470
State No.

| | | | |
|--|--|---|--|
| DECEASED - NAME FIRST MIDDLE LAST Boatman, 17 10-02-1992 Winslett | | SEX Female | DATE OF DEATH MONTH DAY YEAR May 23, 1985 |
| RACE Black | AGE 79 | DATE OF BIRTH MONTH DAY YEAR 7/14/1905 | COUNTY OF DEATH Lake |
| CITY, TOWN OR LOCATION OF DEATH Gary | HOSPITAL OR OTHER INSTITUTION St. Mary's Medical Center | IF HOSP OR INST INDIAN BOA UP - Enter on separate sheet | |
| STATE OF BIRTH Indiana | COUNTRY OF WHAT COUNTRY U.S.A. | MARRIED - NEVER MARRIED WIDOWED, DIVORCED | SURVIVING SPOUSE (if only give maiden name) |
| SOCIAL SECURITY NUMBER 303-56-2217 | USUAL OCCUPATION Housewife | WAS DECEASED EVER IN US ARMED FORCES? No | |
| CITY, TOWN OR LOCATION OF DEATH Gary | CITY, TOWN OR LOCATION OF DEATH Gary | KIND OF BUSINESS OR INDUSTRY | |
| 15a 1923 Van Buren St. | 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| FATHER - NAME Sherman | MOTHER - MAIDEN NAME Bowens | Hamilton | |
| INFORMANT - NAME Pauline Anderson (Daughter) | RELATIONSHIP | MAILING ADDRESS 7626 Forrest Ave. Gary, Indiana 46403 | CITY OR TOWN STATE ZIP |
| DISPOSITION Burial | CEMETERY OR CREMATORY - FUNERAL HOME Oak Hill Cemetery | LOCATION Gary, Indiana | |
| DATE 5/28/85 | FUNERAL HOME NAME AND ADDRESS SFW & Allen Funeral Dir., Inc. 2959 W. 11th Ave. Gary, Ind. | STREET OR P.O. NO. CITY OR TOWN STATE ZIP | |
| 71a Signature of Physician Sandra Gadson M.D. | DATE SIGNED May 29, 1985 | HOUR OF DEATH 11:00 a.m. | |
| 71b NAME OF ATTENDING PHYSICIAN Sandra Gadson M.D. | MAILING ADDRESS - PHYSICIAN 201 Gary, Indiana 46404 | | |
| 72a HEALTH OFFICER'S SIGNATURE | DATE RECEIVED BY LOCAL HEALTH OFFICER JUN 3 1985 | | |
| 23 IMMEDIATE CAUSE Cancer of the Liver | INTERVAL BETWEEN ONSET AND DEATH | | |
| (b) DUE TO OR AS A CONSEQUENCE OF Cancer of the Colon | INTERVAL BETWEEN ONSET AND DEATH | | |
| (c) OTHER SIGNIFICANT CONDITIONS | INTERVAL BETWEEN ONSET AND DEATH | | |
| PART II | AUTOPSY (Specify Yes or No) | | |

00532



CERTIFIED COPY
JUN 14 1985
COMMISSIONER
STATE OF INDIANA