

Howard Hill
3001 Railway
Gary, Ind. 46407

92053358

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. **81-0183**

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Place of Birth _____

David M. [unclear]
LAWSON LAKE COUNTY

AUG 19 1992

FILED
FURNERAL HOME
FURNERAL DIRECTOR
LICENSE # _____

TYPE OF DEATH
1. Natural
2. Accidental
3. Suicide
4. Homicide
5. Unknown

RELEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, OR LAST
RESIDENCE IN
INSTITUTION GIVE
ADDRESS AND CITY

PARENTS

DISPOSITION

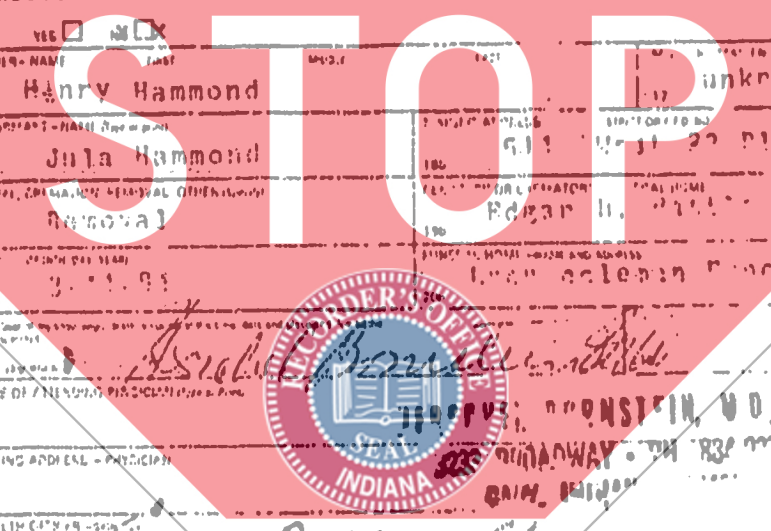
M.D.
OR
D.O.

CAUSE
OF DEATH

CAUSE

1. NAME - LAST, FIRST, MIDDLE Revelle	2. SEX Male	3. RACE black	4. DATE OF BIRTH 5-8-03	5. PLACE OF BIRTH LAKE
6. CITY, TOWN OR VILLAGE OF DEATH Hammond, Ind.	7. COUNTY Laurens	8. DECEASED AT HOME <input type="checkbox"/>	9. DECEASED IN HOSPITAL <input checked="" type="checkbox"/>	10. NAME OF HOSPITAL Methuene Memorial Hospital GARY IN.
11. NAME OF DECEASED Rev. Gary	12. OCCUPATION Alabama	13. MARITAL STATUS Married	14. NAME OF SPOUSE Julia Hammond	15. DATE OF MARRIAGE 1926
16. USUAL RESIDENCE WHERE DECEASED LIVED, OR LAST RESIDENCE IN INSTITUTION GIVE ADDRESS AND CITY 316-07-1012	17. DECEASED AT HOME <input type="checkbox"/>	18. DECEASED IN HOSPITAL <input checked="" type="checkbox"/>	19. NAME OF HOSPITAL 511 West 22nd	20. CITY, TOWN OR VILLAGE Hammond
21. DECEASED OF SPANISH DESCENT <input type="checkbox"/>	22. DECEASED OF SPANISH DESCENT <input type="checkbox"/>	23. DECEASED OF SPANISH DESCENT <input type="checkbox"/>	24. DECEASED OF SPANISH DESCENT <input type="checkbox"/>	25. DECEASED OF SPANISH DESCENT <input type="checkbox"/>
26. FATHER'S NAME Henry Hammond	27. MOTHER'S NAME Julia Hammond	28. FATHER'S OCCUPATION Removal	29. MOTHER'S OCCUPATION Edgar H.	30. DECEASED OF SPANISH DESCENT <input type="checkbox"/>
31. NAME OF PHYSICIAN ROBERT J. REYNOLDS	32. ADDRESS OF PHYSICIAN 1100 W. MONSIEUR, W.D. LAURENS, IN.	33. SIGNATURE OF PHYSICIAN <i>[Signature]</i>	34. SIGNATURE OF DECEASED <i>[Signature]</i>	35. SIGNATURE OF WITNESSES <i>[Signature]</i>
36. DATE OF DEATH AUG 21 9 40 AM '92	37. PLACE OF DEATH LAKE COUNTY, INDIANA	38. SIGNATURE OF REGISTRAR <i>[Signature]</i>	39. SIGNATURE OF DECEASED <i>[Signature]</i>	40. SIGNATURE OF WITNESSES <i>[Signature]</i>

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47-244-2

Printed on certificate
 Yes No

88-106-003 REV 10/77 Stat: Form 35430

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

00334

00318

600

600

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STOP



HELEN-REAL ESTATE
JUN 16 1992
REGISTERED

CERTIFIED BY:

Helen E. Foster

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE JUN. 1 1992