

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

92072898

I certify that this is a true copy of the original death certificate.

Subscribed and sworn to before me, in my presence, this 25th day of Sep 92, a Notary Public in Lowndes County, Mississippi.

Donald J. Dineen
Donald J. Dineen My Commission Expires August 5, 1998

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

TYPE OR PRINT WITH BLACK INK	FILED DATE AUG 27 1992	DECEASED		1 NAME First Middle Last Thomasine Wilson	2 SEX Female	3a HOUR OF DEATH 6:53 pm	3b DATE OF DEATH (Month, Day, Year) August 22, 1992
4 RACE (Specify White, Black, American Indian, etc.) Black	5a AGE AT LAST BIRTHDAY 58 Years	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b MO 5c DAYS 5d HOURS 5e MINS	6 DATE OF BIRTH (Month, Day, Year) Dec. 1, 1922	7a COUNTY OF DEATH Hinds			
7b CITY OR TOWN OF DEATH Jackson	7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) Methodist Medical Center 25H		7d IF IN HOSP. OR INST SPECIFY WPT, OUPIT, EMER RM OR DOA Emer. Rm.	7e STATE OF BIRTH Miss.			
9 DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) None	12 WAS DECEASED EVER IN US ARMED FORCES? (Yes or No) No	13 ORIGIN OR DESCENT (Specify Cuban, American, Mexican, etc.) Afro American			
14 SOCIAL SECURITY NUMBER 426-178-455	15a USUAL OCCUPATION (Kind of work done, (not of working life) Home maker	15b KIND OF BUSINESS OR INDUSTRY No	16a RESIDENCE--STATE Miss.				
16b COUNTY Bolton	16c INCORP CITY LIMITS (Specify Yes or No) No	16d STREET AND NUMBER OR RURAL LOCATION Rte. 2 Box 32					
17 FATHER--NAME First Middle Last David James	18 MOTHER--NAME First Middle Maiden Dorine Phillips	19a INFORMANT--NAME (Type of print) Willie D. Holmes					
19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) Rt. 2 Box 32 Bolton Miss. 39041	20a BURIAL, CREMATION, REMOVAL (Specify) Burial						
20b CEMETERY, CREMATORY--NAME Brownville Cemetery	20c LOCATION (City and State) Bolton Miss.	21a EMBALMER--SIGNATURE AND NUMBER Fred Banks #447					
21b FUNERAL HOME--NAME AND MISSISSIPPI ID NUMBER Bolton Funeral Home	21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 258 P.O. Box 67 Bolton Mississippi 39041	22a PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type of print) David Wheat, M.D.					
22b PRONOUNCED DEAD (Month, Day, Year) ON August 22, 1992	22c PRONOUNCED DEAD (Hour) AT 6:53 pm	23a CERTIFIER--NAME (Type of print) R.D. Martin, Coroner					
23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 1452, Jackson, MS 39215-1452	24a On the basis of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 24b DATE SIGNED (Month, Day, Year) 24c STATE LICENSE NUMBER 24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)						
24e On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE R.D. Martin 24f TITLE Coroner 24g DATE SIGNED (Month, Day, Year) August 25, 1992	25 PART I. DEATH CAUSED BY: (a) IMMEDIATE CAUSE (Enter one cause only) Probable Myocardial Infarction (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) Probable Arteriosclerotic Cardiovascular Disease (c) FILED						
26 PART II. OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I OCT 30 1992	27 AUTOPSY No	28 WAS CASE REFERRED TO MEDICAL EXAMINER? Yes					
29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) Use if death NOT due to natural causes	29b DATE OF INJURY (Month, Day, Year)	29c HOUR OF INJURY m	29d DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED Auto N. Canton				
29e INJURY AT WORK (Yes or No)	29f PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) Canton	29g LOCATION (Street, route number, City or town, State) Canton	29h LOCATION (Street, route number, City or town, State) Canton				

J.D. Apperson 106 add all 3881 E Yale & Bl 1

44-573

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

Alton B Cobb, M.D.
Alton B. Cobb, M.D.
STATE HEALTH OFFICER

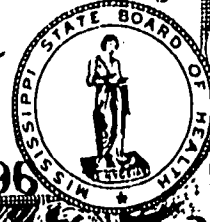
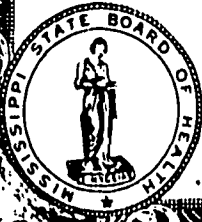
August 27, 1992

David Lohrsch
David Lohrsch
STATE REGISTRAR

WARNING:

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315965

Return: 1517 WASHINGTON ST. GARY, IND.

ps

Recorded this day of DOON 1292 PAGE 464 1292 464 M

UNION TITLE COMPANY
Northern Recorder
P. O. Box 320
307 No. Main St. Crown Point, Ind.

619981

Warranty Deed

THIS INDENTURE WITNESSETH, That HALLIE W. PELFREY and IRENE V. PELFREY,
husband and wife

of LAKE County, in the State of INDIANA Convey and Warrant
to

JOHN WILSON and THOMASINE WILSON, husband and wife,

of LAKE County, in the State of INDIANA, for and in consideration of the sum of

Ten Dollars and other good and valuable consideration,

the receipt whereof is hereby acknowledged, the following described Real Estate in LAKE County,
in the State of Indiana, to-wit:

Lot 3 and the East $\frac{1}{2}$ of Lot 4 in Block 1 in
J. L. Apperson's First Addition to Gary, as
per plat thereof, recorded in Plat Book 10
page 2, in the Office of the Recorder of Lake
County, Indiana.

This conveyance subject to the following:

Mortgage for \$10,350.00 from Hallie W. Pelfrey
and Irene V. Pelfrey, husband and wife, to First
Federal Savings and Loan Association of Gary, a
United States Corporation, dated August 2, 1960
and recorded June 6, 1960 in the Lake County Mortgage Record
1329 page 469. (FHA form).

All taxes, liens, encumbrances, restrictions,
assessments, and easements of record.



Document is NOT OFFICIAL!

STOP

STATE OF INDIANA S.S. NO. _____
LAKE COUNTY FILED FOR RECORD

DULY ENTERED FOR TAXATION
JUN 10 1965

1965 JUN 11 AM 8:41
BOOK 1292 PAGE 464
JOSEPH E. KLEN-RECORDER

AUDITOR LAKE COUNTY

Said grantors do hereby represent and state that they are each citizens of the United States of America, and that said citizenship has existed continuously since prior to April 8, 1940; that they have been established and residing continuously within the United States since prior to April 8, 1940; that they are not acting directly or indirectly in any capacity whatsoever for any foreign country or national thereof; that there is no one other than above grantors who has any proprietary right, title or interest in the above described real estate either directly or indirectly; that these representations and statements are made under oath to induce the acceptance of this deed of conveyance.

IN WITNESS WHEREOF, The said HALLIE W. PELFREY and IRENE V. PELFREY,
husband and wife,

Have hereunto set their hands and seals this 9th day of June 1965

Hallie W. Pelfrey (SEAL) Irene V. Pelfrey (SEAL)
Hallie W. Pelfrey. (SEAL) Irene V. Pelfrey (SEAL)

_____ (SEAL) _____ (SEAL)

STATE OF INDIANA, LAKE County, ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named
HALLIE W. PELFREY and IRENE V. PELFREY, husband and wife,

who acknowledged the execution of the foregoing Deed to be their voluntary act and deed.

WITNESS, my hand and seal this 9th day of June 1965
My commission expires Oct 13 1968

This instrument prepared by: SHELDON H. COHAN, 844 Broadway, Gary, Indiana