6 C.C. 93021202

Wyatt, Janie
1977 Penn St ←
Gary, In

No. 91-0417

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

Field	Entry
1. Deceased—Name (First, Middle, Last)	Jefferson Wyatt Sr.
2. Sex	Male
3a. Time of Death	03:20P M
3b. Date of Death (Month, Day, Yr)	May 20, 1991
4. Social Security Number	307-01-5933
5a. Age—Last Birthday (Years)	75
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Mo, Day, Yr)	FEB 14, 1916
7. Birthplace (City and State or Foreign Country)	Canton, Mississippi
8a. Was Decedent a U.S. Veteran?	No
8b. Year Last Served in US Armed Forces?	N/A
9a. Place of Death	Hospital: X Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. Facility Name	St. Mary medical center
9c. City, Town, or Location of Death	Gary
9d. County of Death	Lake
10. Marital Status	Married
11. Surviving Spouse (if wife, give maiden name)	Janie Chandler
12a. Decedent's Usual Occupation	Steelworker
12b. Kind of Business/Industry	USX Big Mill
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	Gary
13d. Street and Number	1977 Pennsylvania Street
13e. Zip Code	46407
13f. Inside City Limits	☐ No X Yes
13g. On a Farm?	X No ☐ Yes
14. Citizen of What Country	USA
15. Was Decedent of Hispanic Origin?	X No ☐ Yes
16. Race	Afro Am
17. Decedent's Education (Elementary/Secondary 0-12)	10
18. Father's Name	Elijah Wyatt
19. Mother's Name (Maiden Surname)	Mary
20a. Informant's Name	Janie Wyatt
20b. Mailing Address	1977 Pennsylvania, Gary, Indiana 46407
20c. Relationship	Wife
21a. Method of Disposition	X Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. Date and Place of Disposition	MAY 24, 1991 Evergreen Memorial
21c. Location—City or Town, State	Hobart, Indiana
22a. Embalmer's Name	Sherman G. Banks
22b. Embalmer's License No.	FDE1016254
23. Was Death Reported to Coroner?	X No ☐ Yes
24a. Signature of Funeral Director	[signature]
24b. License Number (of Licensee)	FD01042607
25. Name, Address and License Number of Funeral Home	FDH3002487 Smith Bizzell & Warner 2295 Washington St. Gary, In. 46407

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Bronchogenic Carcinoma
DUE TO (OR AS A CONSEQUENCE OF):
b. [illegible] metastases
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

FILED APR 5 1993 AUDITOR LAKE COUNTY

Field	Entry
27. Was Decedent Pregnant or 90 Days Postpartum?	No
28a. Was an Autopsy Performed?	No
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death?	No
29a. Certifier	X Certifying Physician ☐ Health Officer ☐ Coroner
29b. Signature and Title of Certifier	[signature]
29c. Medical License No.	50002601
29d. Date Signed	6-1-91
30. Name and Address of Person Who Completed Cause of Death	Dr. W. E. Washington, 1400 Broadway, Gary, Indiana 46407
31. Health Officer's Signature	[signature]
32. Date Filed	6-1-91
33. Manner of Death	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. Date of Injury	
34b. Time of Injury	
34c. Injury at Work?	
34d. Describe How Injury Occurred	
34e. Place of Injury	
34f. Location	
34g. Date Pronounced Dead	
34h. Motor Vehicle Accident?	

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