

LIZZIE DIXON

93041029

INDIANA STATE BOARD OF HEALTH
HEALTH OFFICER'S CERTIFICATE OF DEATH

State No. _____

Local No. 71 0484

PERMANENT INK DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
LESTER DAVIS, Male April 5, 1971

FOR INSTRUCTIONS REFER TO THE PHYSICIAN'S, FUNERAL DIRECTOR'S AND MEDICAL EXAMINER'S SCORNER'S HANDBOOK.
1. RACE WHITE, NEGRO, AMERICAN INDIAN (SPECIFY) Negro
2. AGE—LAST BIRTHDAY (YEARS) Mo. 55
3. UNDER 1 YEAR DATES Mo. 12-25-70
4. UNDER 1 DAY HOURS MIN. 5.
6. DATE OF BIRTH (MONTH, DAY, YEAR) 12-25-15
7. COUNTY OF DEATH La. Lake

7a. CITY, TOWN, OR LOCATION OF DEATH Gary
7b. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes
7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Methodist Hospital Gary, Indiana
7d. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) 10. Married
7e. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Lizzie
7f. STATE OF BIRTH (IF NOT IN U.S.A.) NAME COUNTRY: Mississippi, U.S.A.
7g. SOCIAL SECURITY NUMBER: 425-24-4071
7h. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING PRESENT 12 MONTHS, EVEN IF RETIRED) 13. American Bridge
7i. RESIDENCE—STATE, COUNTY, CITY, TOWN OR LOCATION: Indiana, Lake, Gary
7j. INSIDE CITY LIMITS (SPECIFY YES OR NO) 14a. yes
7k. TOWNSHIP 14b. Calumet

14c. STREET AND NUMBER 14d. IS RESIDENCE ON A FARM? YES NO
14e. 1354 Wilson Street
15. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15a. John Wesley Davis 15b. Jannie

16. INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
16a. Antone 16b. S.S. NO. _____
17. THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM No. 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ACTS OF 1949 SECTION 1723 AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE (S) _____

18. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
18a. IMMEDIATE CAUSE: Coronary artery insufficiency
18b. INTERMEDIATE CAUSE: arteriosclerosis
18c. OTHER SIGNIFICANT CONDITIONS: heart disease

19. PART II. OTHER SIGNIFICANT CONDITIONS
20. CERTIFICATIONS—HEALTH OFFICER: I (DID, DID NOT) VIEW THE BODY AFTER DEATH. DID NOT
21. DEATH OCCURRED AT: HOME
22. THE DECEDENT WAS PRONOUNCED DEAD ON: APRIL 5 1971

23. AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED (TYPE OR PRINT) HEALTH OFFICER: HERSHEL BORNSTEIN M.D. M.P.H.
23a. NAME AND SIGN: [Signature]
23b. MAILING ADDRESS: 1429 VIRGINIA STREET GARY TOWN IND 46407

24. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
24a. CEMETERY, CREMATORY, FUNERAL HOME EVERGREEN
24b. LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER: 248
24c. BURIAL—DATE MO. DAY YEAR: 4 9 71
24d. FUNERAL HOME—NAME: Smith & Bizzell
24e. FUNERAL HOME—ADDRESS: 2295 Wash. St. Gary, Ind. 46407

25. FUNERAL DIRECTOR—SIGNATURE: [Signature]
25a. HEALTH OFFICER'S SIGNATURE: [Signature]
25b. TIME RECEIVED BY HEALTH OFFICER: APR 8 1971

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

FILED

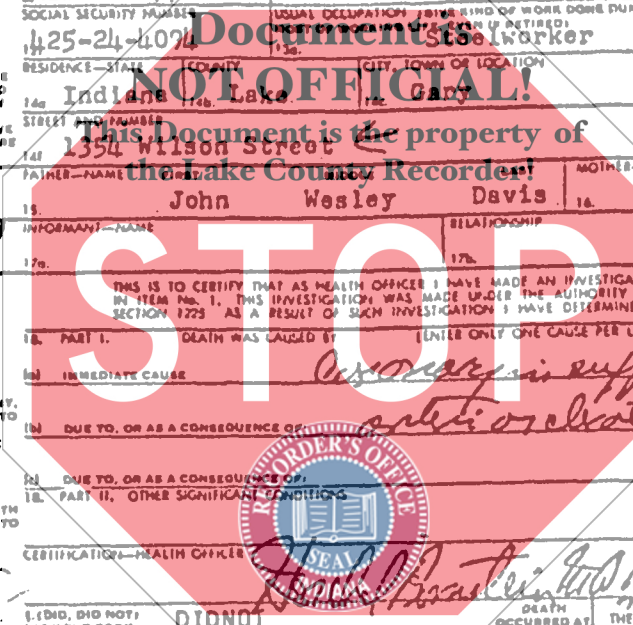
JUN 1971

AUDITOR LAKE COUNTY

DECEASED NAME: HARTNER
LICENSE NO. 1960
FURNERIAL DIRECTOR'S LICENSE NO. 1984

Disposition Permit Issued
Provisional Certificate
 Yes No

Key # 46-145-16
Oak Park Add.
L 116 B L 17



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STOP



CERTIFIED BY:

**HEALTH COMMISSIONER
CITY OF GARY, IND.**

DATE APR 28 1889