Dr. Fred Williams

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

62-0380

Local No. 93042460

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No.

Hold - Gloria

1. PLACE OF DEATH a. COUNTY: Lake
b. CITY, TOWN, OR LOCATION: Gary
d. NAME OF HOSPITAL OR INSTITUTION: 817 W. 25th Ave.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [x] NO [ ]

2. USUAL RESIDENCE a. STATE: Indiana b. COUNTY: Lake
c. CITY, TOWN, OR LOCATION: Gary
d. STREET ADDRESS: 817 W. 25th Ave.
e. IS RESIDENCE INSIDE CITY LIMITS? YES [x] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (Type or print): Grimble

4. DATE OF DEATH: 3/18/62

5. SEX: Female 6. COLOR OR RACE: col

8. DATE OF BIRTH: Oct. 9, 1897 9. AGE: 64

10. Usual occupation: Domestic Kind of business or industry: Home

11. BIRTHPLACE: Bunkie, La.

13. FATHER'S NAME: William Amos 14. MOTHER'S MAIDEN NAME: Mariah ?

16. INFORMANT'S NAME: John Grimble

INFORMANT'S ADDRESS: 817 W. 25th Ave. Gary, Ind.

RELATIONSHIP TO DECEASED: Husband

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia
DUE TO (b) Hypertensive Heart
DUE TO (c) Arteriosclerotic Heart Disease

PART II.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED.

TIME OF INJURY

INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

PLACE OF INJURY

CITY, TOWN, OR LOCATION — COUNTY — STATE

FILED

JUN 30 1983

Oran N. Antone

AUDITOR LAKE COUNTY

21. ATTENDING PHYSICIAN. I certify that I attended the deceased from 3-16-62 to 3-18-62 and last saw her alive on 3-18-62 ... and that death occurred at ... (C.S.T.) on the date stated above, and to the best of my knowledge, from the causes stated.

Signature: Fred C. Williams

Health officer [ ] Attending Physician [ ]

Address: 2471 Broadway

Date signed: 3-20-62

BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 3/24/62

NAME OF CEMETERY OR CREMATORY: Evergreen Memorial LOCATION: Hobart, Ind.

DATE RECEIVED BY LOCAL HEALTH OFFICER: MAR 24 1962

SIGNATURE OF HEALTH OFFICER

FUNERAL DIRECTOR: Smith & Bizzell ADDRESS: Gary, Ind.

EMBALMER'S NAME: Benjamin Bizzell LICENSE No. 1526

FUNERAL DIRECTOR'S LICENSE No. 2327

Index by these office for

A. B. 3
B. 31 B 3
C. 31 & 31
D.
E.

Garfield Park Lots 5, 6, 7, 5½, 30 Key #46 5, 6, 7 #32 Key #3-46 unit #25

Disposition Permit Issued ... Provisional Certificate [ ] Yes [ ] No

0220

P.H.S.-... Revised 1960 U.S. Department Health, Education and Welfare. Form Approved Budget Bureau No. 68-R378

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