

3 miles west  
 26 191 1988  
 Local No. ....

INDIANA STATE BOARD OF HEALTH  
 DIVISION OF VITAL RECORDS  
 CORONER'S CERTIFICATE OF DEATH

94023315

Death No.

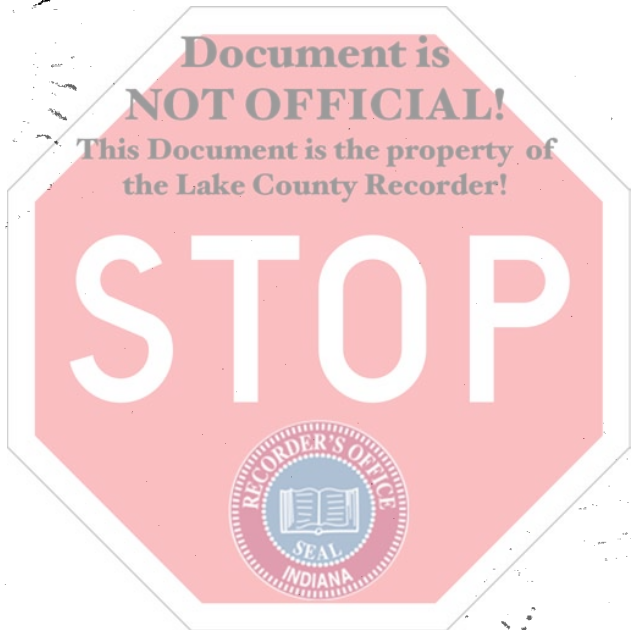
12, 33  
 12, 33  
 12, 33

1. PLACE OF DEATH a. COUNTY <b>CLAY</b> (LAKE)		b. STATE <b>INDIANA</b>	
b. CITY, TOWN, OR LOCATION <b>GARY</b>		c. COUNTY <b>LAKE</b>	
c. NAME OF HOSPITAL, OR INSTITUTION <b>COUNTY LINE RD.</b>		d. STREET ADDRESS <b>2374 MONROE ST.</b>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YEAR <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YEAR <input type="checkbox"/> NO <input type="checkbox"/>	
g. IS RESIDENCE ON A FARM? YEAR <input type="checkbox"/> NO <input type="checkbox"/>			
1. NAME OF DECEASED (Type or print) <b>HENRY CLENNAN DRUMMOND</b>		DATE OF DEATH <b>12-19-61</b>	
2. SEX <b>M</b>	3. COLOR OR RACE <b>N</b>	4. DATE OF BIRTH <b>4-13-1906</b>	5. AGE (In years, months, days) <b>55</b>
6. OCCUPATION (Give kind of work done during part of life, or if retired) <b>OPERATOR</b>		7. BIRTHPLACE (State or territory) <b>ALABAMA</b>	
8. FATHER'S NAME <b>HENRY DRUMMOND</b>		9. MOTHER'S MAIDEN NAME <b>LOA GEMMIGEN</b>	
10. INFORMANT'S NAME <b>WORLDWIDE 313-07-6100</b>		11. INFORMANT'S NAME <b>ONNIE DRUMMOND</b>	
12. INFORMANT'S ADDRESS <b>2374 MONROE ST. II</b>		13. RELATIONSHIP TO DECEASED <b>WIFE</b>	
14. CAUSE OF DEATH (Enter brief description per high (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z), (aa), (ab), (ac), (ad), (ae), (af), (ag), (ah), (ai), (aj), (ak), (al), (am), (an), (ao), (ap), (aq), (ar), (as), (at), (au), (av), (aw), (ax), (ay), (az), (ba), (bb), (bc), (bd), (be), (bf), (bg), (bh), (bi), (bj), (bk), (bl), (bm), (bn), (bo), (bp), (bq), (br), (bs), (bt), (bu), (bv), (bw), (bx), (by), (bz), (ca), (cb), (cc), (cd), (ce), (cf), (cg), (ch), (ci), (cj), (ck), (cl), (cm), (cn), (co), (cp), (cq), (cr), (cs), (ct), (cu), (cv), (cw), (cx), (cy), (cz), (da), (db), (dc), (dd), (de), (df), (dg), (dh), (di), (dj), (dk), (dl), (dm), (dn), (do), (dp), (dq), (dr), (ds), (dt), (du), (dv), (dw), (dx), (dy), (dz), (ea), (eb), (ec), (ed), (ee), (ef), (eg), (eh), (ei), (ej), (ek), (el), (em), (en), (eo), (ep), (eq), (er), (es), (et), (eu), (ev), (ew), (ex), (ey), (ez), (fa), (fb), (fc), (fd), (fe), (ff), (fg), (fh), (fi), (fj), (fk), (fl), (fm), (fn), (fo), (fp), (fq), (fr), (fs), (ft), (fu), (fv), (fw), (fx), (fy), (fz), (ga), (gb), (gc), (gd), (ge), (gf), (gg), (gh), (gi), (gj), (gk), (gl), (gm), (gn), (go), (gp), (gq), (gr), (gs), (gt), (gu), (gv), (gw), (gx), (gy), (gz), (ha), (hb), (hc), (hd), (he), (hf), (hg), (hh), (hi), (hj), (hk), (hl), (hm), (hn), (ho), (hp), (hq), (hr), (hs), (ht), (hu), (hv), (hw), (hx), (hy), (hz), (ia), (ib), (ic), (id), (ie), (if), (ig), (ih), (ii), (ij), (ik), (il), (im), (in), (io), (ip), (iq), (ir), (is), (it), (iu), (iv), (iw), (ix), (iy), (iz), (ja), (jb), (jc), (jd), (je), (jf), (jg), (jh), (ji), (jj), (jk), (jl), (jm), (jn), (jo), (jp), (jq), (jr), (js), (jt), (ju), (jv), (jw), (jx), (jy), (jz), (ka), (kb), (kc), (kd), (ke), (kf), (kg), (kh), (ki), (kj), (kk), (kl), (km), (kn), (ko), (kp), (kq), (kr), (ks), (kt), (ku), (kv), (kw), (kx), (ky), (kz), (la), (lb), (lc), (ld), (le), (lf), (lg), (lh), (li), (lj), (lk), (ll), (lm), (ln), (lo), (lp), (lq), (lr), (ls), (lt), (lu), (lv), (lw), (lx), (ly), (lz), (ma), (mb), (mc), (md), (me), (mf), (mg), (mh), (mi), (mj), (mk), (ml), (mm), (mn), (mo), (mp), (mq), (mr), (ms), (mt), (mu), (mv), (mw), (mx), (my), (mz), (na), (nb), (nc), (nd), (ne), (nf), (ng), (nh), (ni), (nj), (nk), (nl), (nm), (nn), (no), (np), (nq), (nr), (ns), (nt), (nu), (nv), (nw), (nx), (ny), (nz), (oa), (ob), (oc), (od), (oe), (of), (og), (oh), (oi), (oj), (ok), (ol), (om), (on), (oo), (op), (oq), (or), (os), (ot), (ou), (ov), (ow), (ox), (oy), (oz), (pa), (pb), (pc), (pd), (pe), (pf), (pg), (ph), (pi), (pj), (pk), (pl), (pm), (pn), (po), (pp), (pq), (pr), (ps), (pt), (pu), (pv), (pw), (px), (py), (pz), (qa), (qb), (qc), (qd), (qe), (qf), (qg), (qh), (qi), (qj), (qk), (ql), (qm), (qn), (qo), (qp), (qq), (qr), (qs), (qt), (qu), (qv), (qw), (qx), (qy), (qz), (ra), (rb), (rc), (rd), (re), (rf), (rg), (rh), (ri), (rj), (rk), (rl), (rm), (rn), (ro), (rp), (rq), (rr), (rs), (rt), (ru), (rv), (rw), (rx), (ry), (rz), (sa), (sb), (sc), (sd), (se), (sf), (sg), (sh), (si), (sj), (sk), (sl), (sm), (sn), (so), (sp), (sq), (sr), (ss), (st), (su), (sv), (sw), (sx), (sy), (sz), (ta), (tb), (tc), (td), (te), (tf), (tg), (th), (ti), (tj), (tk), (tl), (tm), (tn), (to), (tp), (tq), (tr), (ts), (tt), (tu), (tv), (tw), (tx), (ty), (tz), (ua), (ub), (uc), (ud), (ue), (uf), (ug), (uh), (ui), (uj), (uk), (ul), (um), (un), (uo), (up), (uq), (ur), (us), (ut), (uu), (uv), (uw), (ux), (uy), (uz), (va), (vb), (vc), (vd), (ve), (vf), (vg), (vh), (vi), (vj), (vk), (vl), (vm), (vn), (vo), (vp), (vq), (vr), (vs), (vt), (vu), (vv), (vw), (vx), (vy), (vz), (wa), (wb), (wc), (wd), (we), (wf), (wg), (wh), (wi), (wj), (wk), (wl), (wm), (wn), (wo), (wp), (wq), (wr), (ws), (wt), (wu), (wv), (ww), (wx), (wy), (wz), (xa), (xb), (xc), (xd), (xe), (xf), (xg), (xh), (xi), (xj), (xk), (xl), (xm), (xn), (xo), (xp), (xq), (xr), (xs), (xt), (xu), (xv), (xw), (xx), (xy), (xz), (ya), (yb), (yc), (yd), (ye), (yf), (yg), (yh), (yi), (yj), (yk), (yl), (ym), (yn), (yo), (yp), (yq), (yr), (ys), (yt), (yu), (yv), (yw), (yx), (yy), (yz), (za), (zb), (zc), (zd), (ze), (zf), (zg), (zh), (zi), (zj), (zk), (zl), (zm), (zn), (zo), (zp), (zq), (zr), (zs), (zt), (zu), (zv), (zw), (zx), (zy), (zz))		15. IMMEDIATE CAUSE OF DEATH <b>Scrub typhus of the heart</b>	
16. DUE TO (a) <b>Bob jagged nails - multiple</b>		17. DUE TO (b) <b>Ants</b>	
18. ACCIDENT INJURY <input type="checkbox"/> DOMESTIC <input type="checkbox"/> BUSINESS <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> (State nature of injury in Part I or Part II of item 19)		19. NATURE OF INJURY (e.g., to or about face, arm, leg, etc., with or without loss of limb) <b>Scrub typhus is an acute, non-bacterial, zoonotic disease.</b>	
20. TIME OF INJURY Hour <b>10</b> P.M. Month <b>12</b> Day <b>1961</b>		21. CITY, TOWN, OR LOCATION COUNTY STATE <b>Gary, Clay County Ind.</b>	
22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23. SIGNATURE <b>Matthew G. Fadel M.D.</b> Address <b>1657 Broadway</b> Date Filled <b>12-21-61</b>	
24. I hereby certify that I took charge of the remains described above, held as <b>autopsy</b> (if aut. post-mort. inquiry)		25. SIGNATURE OF HEALTH OFFICER <b>Dr. Green</b>	
26. SIGNATURE OF HEALTH OFFICER <b>Dr. Green</b>		27. SIGNATURE OF GENERAL DIRECTOR <b>Dr. Green</b>	
28. SIGNATURE OF LICENSING HEALTH OFFICER <b>Dr. Green</b>		29. SIGNATURE OF LICENSING HEALTH OFFICER <b>Dr. Green</b>	
30. SIGNATURE OF LICENSING HEALTH OFFICER <b>Dr. Green</b>		31. SIGNATURE OF LICENSING HEALTH OFFICER <b>Dr. Green</b>	

FUNERAL DIRECTOR'S LICENSE NO. 667

28. BURIAL CREMATATION **BURIAL** 29. DATE **12-22-61** 30. NAME OF CEMETERY OR CREMATORY **GREEN-PARK** 31. ADDRESS (City, town, or county) (State)  
**HOBART**  
 DATE RECD BY LICENSING HEALTH OFFICER **12-23-1961** SIGNATURE OF HEALTH OFFICER **Dr. Green** GENERAL DIRECTOR **Dr. Green** ADDRESS **934 E 2nd Ave**  
 O. S. Department of Health Education and Welfare, Form Approved Project Bureau No. 68-1375-1

HEALTHY IDENTIFIED  
2374 Hickox  
Gary, IN 46407  
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REC'D  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE MAR 28 1994