*ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for

94023945

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE POLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

-4 .	Lb4 1994	Harrynond Health Comm
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refusal.*		
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SDH06-004

· CERTIFICATE OF DEATH

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