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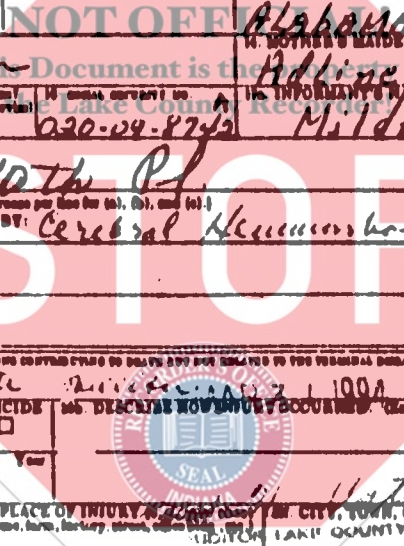
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Key #43-389-2  
unit #25  
Local No. 65-0034

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

Greenbergs 2nd Add  
Block E 1/2 lot 3 Block 1

1. PLACE OF DEATH COUNTY <b>Lake</b> 94025884		1. USUAL RESIDENCE (When deceased lived in another State, Territory, or other jurisdiction) COUNTY <b>Lake</b>	
2. CITY, TOWN, OR LOCATION <b>GARY</b>		2. CITY, TOWN, OR LOCATION <b>GARY</b>	
3. NAME OF HOSPITAL OR INSTITUTION <b>Mercy</b>		3. STREET ADDRESS <b>1686 W 10th Pl</b>	
4. IN PLACE OF DEATH (INSIDE CITY LIMITS) YES <input type="checkbox"/> NO <input type="checkbox"/>		4. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. NAME OF DECEASED (Type or print) <b>LeRoy</b>		6. DATE OF DEATH <b>1-11-65</b>	
7. SEX <b>M.</b>	8. COLOR OR RACE <b>N.</b>	9. MARRIED <input checked="" type="checkbox"/> UNMARRIED <input type="checkbox"/>	10. DATE OF BIRTH <b>5-12-1896</b>
11. FATHER'S NAME <b>unknown</b>		12. BIRTHPLACE (State or foreign country) <b>Alabama</b>	
13. MOTHER'S MAIDEN NAME <b>unknown</b>		14. INFORMANT'S NAME <b>Mildred Jackson</b>	
15. INFORMANT'S ADDRESS <b>1686 W 10th Pl</b>		16. RELATIONSHIP TO DECEASED <b>Wife</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: <b>Cerebral Hemorrhage</b> IMMEDIATE CAUSE (a)			
PART II. OTHER IMPORTANT CONDITIONS CONTRIBUTING TO DEATH AND NOT RELATED TO THE IMMEDIATE CAUSE (b) OR OTHER IN PART (a) <b>Diabetic</b>			
19. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20. TIME OF INJURY Hour <input type="checkbox"/> Min <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/>			
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. PLACE OF INJURY (Home, farm, factory, street, other) <b>Home</b>			
23. CITY, TOWN, OR LOCATION <b>Lake County</b>			
24. ATTENDING PHYSICIAN: I certify that I attended the deceased from <b>11/65</b> and last saw him alive on <b>1/11/65</b> . Death occurred on <b>1/11/65</b> <input type="checkbox"/> EST <input type="checkbox"/> CST in the date stated above; and to the best of my knowledge, from the cause stated.		25. HEALTH OFFICER: I certify that I investigated cause of death as demanded and that death occurred on <b>1/11/65</b> <input type="checkbox"/> EST <input type="checkbox"/> CST from cause stated and on above date.	
26. SIGNATURE OF Attending Physician & Health Officer <b>W. L. Smith</b>		27. ADDRESS <b>3224 Balmy</b>	
28. DATE SIGNED <b>1-16-65</b>		29. DATE SIGNED <b>1-11-65</b>	
30. NAME OF BUREAU OF HEALTH OFFICER <b>W. L. Smith</b>		31. NAME OF CEMETERY OR CREMATORY <b>LOCAL</b>	
32. HEALTH OFFICER'S ADDRESS <b>9342 2nd St</b>		33. LOCAL HEALTH OFFICER'S ADDRESS <b>9342 2nd St</b>	



*Mildred Jackson, 1686 W 10th Pl, Gary, Ind 46404 - 1/11/65*

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LAKE COUNTY RECORDER  
SAMUEL ORLICH

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*[Handwritten signature]*  
HEALTH COMMISSIONER  
CITY OF SARY INDIANA  
MAR 25 1994