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INDIANA STATE DEPARTMENT OF HEALTH

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PERMANENT BLACK INK	308-32-3598	(Years) 60	Months Days	Hours Minute	Oct.	25, 1933	East	Chicag	o, Indiana
10	BA: WAS DECEDENT: A'US. VETERAN?	86. YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL XI Inper	<u>er avez e e e</u> b ent		DEATH (Check only a			
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7	10. MARITAL STATUS (Specify) Married	11; surviving spouse Anna Boyna	k	1241 DECEDENTS US	SUAL OCCUPATION OF THE DO	ON (Give kind of world not use retired)	125-ANO	of Business/ ifactur	ing
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ARENTS	18 FATHER'S NAME (First Middle	Yes	TOF		MOTHER'S NAME	First, Middle, Meiden	Surname)	<u></u>	<u>. I</u>
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IFORMANT)	Anna Kobak	I mis Do		King st.			r rown State, Zip		Relationship Vife
5	21. METHOD OF DISPOSITION	☐ Entombment		E OF DISPOSITION (No. April 2		rematory, or	21c LOCATION	N—City or Town	n. State
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