

*ATTENTION: Disclosure of the SSN is voluntary and there will be no penalty for refusal.

94031247

FA 12348

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State of Indiana, Date Issued: Jan. 26, 1994, Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

Main form containing fields for DECEASED NAME (Helen Kennedy), SOCIAL SECURITY NUMBER (307 40 6354), DATE OF BIRTH (Jan 12, 1900), PLACE OF BIRTH (Terra Haute, Indiana), PLACE OF DEATH (Hammond, Lake County), MANNER OF DEATH (Natural), and DATE PRONOUNCED DEAD (January 22, 1994).

Vertical text on the left margin: Return to: First American... 5205 Congress...

PARENTS INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

