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## INDIANA STATE BOARD OF HEALTH LOGAL NO. 3/90-9/. CERTIFICATE OF DEATH State No. .....

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State	NO	١.		

V			(iddie Leet)				<sup>2</sup> SEX Male	36 TIME OF DEATH	*** ***********************************		100
NENT	4 SOCIAL SEC	LOTO URITY NUMBER	CeTer	Sta McClo	SE UNDER I YEAR	Sc UNDER		9:30 a.m	7. BIRTHPLACE (City in	SE 12,	LYY
KINK	261-46	-8642		(Yeers) 56	Months Days		Minutes May 2	8, 1935	Jackson		
	80 WAS DECEL			R LAST SERVED IN				DEATH (Check only one			
	Yes	nani	""	N/A	HOSPITAL M Inpu		) discussion	R D Nursing Home	Other (Specify)		
	M FACILITY N	AME (N not institu	tion, give st		I LI ER/	Outpetient D (	POA ) Se CITY, TOWN, OR L	OCATION OF DEATH	ed COUNTY OF C	<b>EATH</b>	
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