

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

400 INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No. 2210W.111A

Terry C. Gray Trustee
2210W.111A
Gray In 4/6/96

Local No. 41173
TYPE/PRINT IN PERMANENT BLACK INK

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

Form with fields for: DECEASED NAME (Ruth Inez Jones), SEX (Female), TIME OF DEATH (5:45 P), DATE OF DEATH (October 8, 1996), SOCIAL SECURITY NUMBER (311-12-3406), AGE (86), DATE OF BIRTH (January 10, 1906), BIRTHPLACE (Mississippi), FACILITY NAME (St. Mary Medical Center), CITY/TOWN (Hobart), COUNTY (Lake), MARRITAL STATUS (Widowed), SURVIVING SPOUSE (N/A), DECEASED'S USUAL OCCUPATION (Housewife), KIND OF BUSINESS/INDUSTRY (Domestic), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN OR LOCATION (Gary), STREET AND NUMBER (2278 Ohio Street), ZIP CODE (46407), CITIZEN OF WHAT COUNTRY (USA), RACE (Black), DECEASED'S EDUCATION (9th), FATHER'S NAME (Alfred Baker Sr.), MOTHER'S NAME (Julia Wallace), INFORMANT'S NAME (Alfred Baker Jr.), MAILING ADDRESS (1209 Taney Street, Gary, Indiana 46404), RELATIONSHIP (Brother), METHOD OF DISPOSITION (Entombment), DATE AND PLACE OF DISPOSITION (October 12, 1996, Fern Oak Cemetery, Griffith, Indiana), EMBALMER'S NAME (Roosevelt Allen Sr.), EMBALMER'S LICENSE NO (#01051696), NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Gay & Allen Funeral Directors, Inc, 2959 West 11th Avenue, Gary, Indiana 46404), IMMEDIATE CAUSE (Pneumonia, Pulmonary Edema, Renal Failure), PART II (1DDM, HCLD), CERTIFIER (William Jones), SIGNATURE AND TITLE OF CERTIFIER, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. R. ...), HEALTH OFFICER'S SIGNATURE (Alexander B. Williams, MD), DATE OF INJURY (NOV 18 1996), PLACE OF INJURY, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDS
NOV 19 AM 11:50
RECORDED

CAUSE OF DEATH
Unit #25
Key #45-106-20

CERTIFIER

HEALTH OFFICER

DECEASED

PARENTS

INFORMANT

DISPOSITION

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

LAKE COUNTY HEALTH COMMISSIONER

SAM ORLICH
AUDITOR LAKE COUNTY

Alexander B. Williams, MD
000955

Ironwood Unit A 510ft of lot 194 lot 20 Block 26