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ocal No	.1.1.1.1.1.	-93	• • • • •	(	CERTIFICAT	E OF DEA	ATH	State	No	*******		
	THE RECOR	DS IN THIS SEI	RIES ARE C	CONFIDENTIAL PER		TX#		6-0256-00				
TYPE/PRINT	1 DECEASED—NAME (First Middle Leat)  MICHAFT:  A				_	34 TIME OF DEAT		OF DEATH (Month De	<del>1</del> γ γ/3			
IN PERMANENT	4 SOCIAL SECU		Se AGE—Lest Birthday		YAKOVETZ  I SO UNDERLYEAR SE UNDERLDAY (6)		Mal	OF BIRTH IMO Day YO		May 21, 1		
PERMANENT BLACK INK		-78-9832	1 1	AUR—Last Birthday (Years)	Months Days		14600	OF BIRTH IMO DOV 971 TUL 15. 1960	İ		•	
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ECEDENT	96 FACILITY NA	<del></del>	an gve stree		LI EAA			Residence OR LOCATION OF DEATH		BILE ACCI	LDENT	
				RIZONA STE	REET			STATION	;	LAKE		
	10 MARITAL ST. (Spec./y) MALT	ATUS	II SURVIV	VING SPOUSE	TT.T.TAMO	Jone during m	most of working in	IPATION (Give sine of werk We De not use ritined)	KIND	OF BUSINESS/INQU		
ļ	13a RESIDENCE		136 COUN		LLLLAMS		LING/REF	RIGERATION		LAWINSKI	HEATING	
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ARENTS	IB FATHERS NA	PANTEI		/	YAKOV	1		NAME (First Middle Meiden BERNADETTE	Surname)		t tone	
JEOGRAFIA	200 INFORMANT	T S NAME (Type)	Print)	NO.				Aurai Figure Number. City or	Your Star "	o Code) 20e Rela	LIGDA	
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ISPOSITION			RAUSE		.006463		23 WAS DEATH REPS	Aimo couo	0 つころ	7 7		
	240 SIGNATURE					LICENSE NUMBER	25	NAME ADDRESS AND L	*	OF FUNERAL HOM	Þ.	
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AUSE OF	disease or constitutions in adequate	en .	20.		OR AS A CONSEQUEN					. •		
AUSE OF EATH	- ধান্ট Candmans d a=	which gave	993 •	DUE TO (	OR AS A CONSEQUEN	ICE OF)		CANA	ORLICH	1		
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		A-ENTLY CON	AMISSION	ER TO THE RESIDENCE	but not previously stated	Attende 27	PREGNANT OF POSTPARTUM	R 90 DAYS PERFOR	MEDT	286 WERE AUTO AVAILABLE COMPLETION		
1	<b>i</b> 1 - 2					POSTPARTUM? (Yes or no) NO		ves	OF DEATH?	(Yes or no) "		
	an		· · · · · · · · · · · · · · · · · · ·	Nu escara de				ing and thin to the		1 10		
	29a CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date, and place and due to the cause(s) as stated  (Check only one)    HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time date and place and due to the cause(s) as stated											
	Chief De	-						e time date and place and d			ed	
	SIGNATURE AND TITLE OF CERTIFIER			7 .				29c MEDICAL LICENS		290 DATE SIGNE	ED (Month Day Year)	
ERTIFIER '	<u> </u>	boxa		JST M	·			N/A		May 28	3, 1993	
					OF DEATH (ITEM 26) (		rth Ma	in St., Cro	ym D∞4.	it. Toda	ina 46207	
Ì				veput	W.L.			uc., uro	mi roli	DATE FILED		
EALTH FFICER	31 HEALTH OFFICER'S SIGNATURE  (12 DATE FILED (MONTH)  2 DATE FILED (MONTH)  (12 DATE FILED (MONTH)										1.1993	
	33 MANNER OF	DEATH		34e DATE OF INJUI		-	JRY AT WORK?	34d DESCRIBE HI	SO ANTINI MC	C Amed	ANN!	
	<b></b>	a		(Month Day Yea May 21, 1	993 Unknov		arno) NO	A	110	minh - ·	()UM	
	Natural Pending Investigation  Accident		^ L				· -		Automobile struck a tree			
ORONER	Suicide Could not		be	34e PLACE OF INUL building etc (Sp	reet factory office		34f LOCATION (Street and Number or Aural Route Number City or Town State) 37th Avenue Approximately 300 Feet					
SE ONLY	☐ Homicide	Determined		Street East of Ar					zona,	Lake Stat	tion, IN	
	34g DATE PRON	OUNCED DEAD	(Month Day	Year) 34n MOTO	OR VEHICLE ACCIDEN	T? (Yes or no) If yo	es specify drive	r passenger pedestrian etc				
	Mas	v 21. 1	993		Yes	n	Driver					

DEATHCER PO