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MEDICAL EXAMINER CCHONER 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) and manner all stated.			On the besi	XAMINER CCH s of examination and/or	ONER LI HEALTH		e time date		(a) and mancer	NE street	第2 章
296 SIGNATURE AND TITLE OF CERTIFIER 296 LICENSE NUMBER 17755 17755		296 SIGNATURE AND TI	TLE OF CERTIFIER	oll	1.	?		(Ĭ	DATESICAL PROPERTY OF COMMENTS	何 をひ 、~
		30 NAME AND ADDRESS	S OF PERSON WH	O COMPLETED CAUSE	3290 Gmant	Type/Prmo t Street.	Garv	, Indiana 4		94	R S

34c. INJURY AT WORK?

(Yes or no)

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

Suicide Could not be Determined Suicide Determined Could not be Determined Suicide Could not be Determined Coulding stc (Specify)

340 DATE OF INJURY 346 TIME OF

INJURY

(Month Day Year)

31 HEALTH OFFICER'S SIGNATURE

SBH06-004 State Form 10110 (R/10-87)

33 MANNER OF DEATH

DJ 9,00 CK 9419

34d DESCRIBE HOW INJURY OCCURRED

34f LOCATION (Street and Number or Rural Route Number City or Town State)