* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 25 CERTIFICATE OF DEATH

State No.COMMUNITY TITLE COMPANY.

	THE RECORDS IN THIS	S SERIES ARE	E CONFIDENTIAL PER	HIC 16-1-19-3				_		814034
TYPE/PRINT	I DECEASED-NAME (Fall	rt Middle (441)			2 SEX			30 TIME OF DEAT	H 36 DATE	OF DEATH GAMES DAY YES
IN	John A	Male			6:420	y Peb	1 1997			
PERMANENT	4 *SOCIAL SECURITY NUMB	Sarn	ACE-Last Brinday	SO UNDER I YE	AR SC UNDE			TH (Ma. Day: Yr)		E (City and State or Foreign Country)
	(Years) Name One Hours Namens								•	
BLACK INK	A WAS DECEDENT		15							Chicago In
	A US VETERANT	US A	R LAST SERVED IN APPMED FORCES?	60	Se PLACE OF DEATH (Check only one See instruction AL C Incorport OTHER D Name Many D Object See					
:	Yes					OTHER	ITHER D Nursing Home D Other (Specify)			
			1947	ER/Outpetient DOA			☐ Residence			
DECEDENT	96 FACILITY NAME (If not in	real and number)	Sc. CITY. 1			OWN OR LOCATION OF DEATH		BE COUNTY OF DEATH		
DEGEDENT	St Cather	ine H	ospital	Eas			t Chicago OCCUPATION (Give kind of work orking life Do not use retred)		Lake	
	10 MARITAL STATUS	·	128 DECEDE							
	Married	T.4.7	ra gwe meden neme) lian Wol	an	Yard			not use retired)	Rail:	maa.d
	134 RESIDENCE-STATE	13b CO		13c CITY TOWN		.ras u		3d STREET AND NO		road
	_	1	-				Ι,			
	Indiana	Lak	:e	East Cl	<u>nicago</u>			<u>5018 Wa</u>	ilsh A	ve
	13e ZIP CODE 13/ INSIDI	E CIEV LIMITS	14 CITIZEN OF		ENT OF HISPANIC			-American Indian.		DECEDENT'S EDUCATION
			WHAT COUNTRY	1	⊔ Yes (If yes arte Acen. etc)	, specify Cuben	(Spe	t White etc.		city only highest grade completed)
	46312 130 ON A	FARMT	USA		310 / 3C 3 (3) (3)			iite	Dementary/Ser	College (1-4 or 5 * :
	1 12 No	C Yes	1 00	1		-,	1		<u> </u>	
PARENTS	18 FATHER'S NAME (FIRE M	hadie Lest)				19 MOTHE	AS NAME ((First, Middle, Maiden	Surname)	7
	Jacob Sarnecki Mary Kaczka								0	
INICODNANIT	20s. INFORMANT'S NAME (Type/Print) 20s. MARING ADDRESS (Street and Number or Rural Route Number. City or Town							Town State Zip		
INFORMANT	Lillian Sa	rneck	· •	โรดาส	8 Walsh	T Ch	icae	to In 46	5312	Spouse
	21s METHOD OF DISPOSITI			216 DATE AND P						-Cey or Town State
	1	-					common y cr	January, a	TIE COCKTION	-Cay or Town Sales
	Buriel Cremen		noval from State		Feb 5]					. بن
	L Danadan Li Cener (s	>pec=y1		HOTA	Cross (<u>emete</u>				et City Il
DISPOSITION	220 EMBALMERS NAME			226 EMBALA	WER'S LICENSE NO	•	23	WAS DEATH REPOR		ÆR?
	James W Gh	olsto	n	100	04194			2 0 № □ v	**	
	246 SIGNATURE OF FUNERU	AL CIRECTOR	\sim	2	46 LICENSE NUM	BEA R38	25. NAME	ADDRESS. AND LK	ENSE NUMBER (OF FUNERAL HOME
	1 1				(of Licenses)			niak FH	•	
	L. R. B. Carrier Company				100549	1005491 4918		3 Magour	agoun E Chicago In 46312	
	1.	127	سيهسيه وسياسه فيتحسر			ī				
	1 / 4									
	17 '		s. or complications that ca		not enter nonspecific	terms. such se (cardiac or re	spiratory		Approximete Approximete
6	(T)		s. or complications that cause of A		not enter nonspecific	; terms. such se (carduc or re	spiretory		Approximate Interval Between One (Ind Death
6	(T)		LIST ONLY ONE COURS O	n each line Be 1/1	40 Ca	torma such as	cardiac or re	s spiratory	الم من الم	m Interval Between
CALISE OF	errest sho		A CUE TO C	OR AS A CONSEQU	40 Ca	TOTAL BUCH SO	cardiac or re	SEPTEROTY SEPTEROTY	X r ()	P Interval Berveen On Mind Death Company of the Com
CAUSE OF DEATH	MANAEDIATE CAUSE (Final deal Co.) Son		DUE TO C	OR AS A CONSEON	41. Ca bulce of 1 CLYTE	roll	corduc or re	a spir etory A S	1 rc	Picture Between On Miles Death
CAUSE OF DEATH	errest sho	EL	DUE TO C	OR AS A CONSEQU	41. Ca bulce of 1 CLYTE	rela	corduc or re	a spir story	1-0	P Interval Berveen On Mind Death Company of the Com
CAUSE OF DEATH	MAMEDIATE CAUSE (Final dead of the property of	EL	DUE TO (OR AS A CONSEON	HI CA bulce of 1 CL Y La UENCE OF 1	rorma such ss	corduc or re	a spir story		FILED FC.3.3
CAUSE OF DEATH	MMEDIATE CAUSE (Final diage of the property of		DUE TO C	OR AS A CONSECUTION OF AS A CONSECUTION	UENCE OF) UENCE OF)	rela.	corduc or re	1 who	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	FILED FCR RED
CAUSE OF DEATH	MAMEDIATE CAUSE (Final disable to programme) Conditions of any which gave rise to the immediate cause stating the displaying Cause less the cause is the cause less than the cause less than the cause less than the cause is the cau	E I	DUE TO C	OR AS A CONSECUTION AS	UENCE OF) UENCE OF) UENCE OF)	rela.	corduc or re	hist my d	VETGE	FILED FC.3. RECOR
CAUSE OF DEATH	MAMEDIATE CAUSE (Final disable to programme) Conditions of any which gave rise to the immediate cause stating the displaying Cause less the cause is the cause less than the cause less than the cause less than the cause is the cau	E I	DUE TO C	OR AS A CONSECUTION AS	UENCE OF) UENCE OF) UENCE OF)	TOLL 27 WAS DEC	il ed EDENT	Les WAS A	N AUTOPSIO	TONE OF INDIANAMONGS THE OF INDIANAMONGS THE OF INDIANAMONGS
CAUSE OF DEATH	MAMEDIATE CAUSE (Final deal 10 pm) Conditions of any which gave rise to the summediate cause stating the dispersion 2.3 PAAT II OSAM OF	EII 1997	DUE TO C DUE TO C C DUE TO C DUE TO C C DUE TO C C DUE TO C C DUE TO C	OR AS A CONSECUTION AS	UENCE OF) UENCE OF) UENCE OF)	TOLL 27 WAS DEC	e de de la company de la compa	Les WAS A	N AUTOPSVO.	FILED FC.3. RECOR
CAUSE OF DEATH	MAMEDIATE CAUSE (Final disable to programme) Conditions of any which gave rise to the immediate cause stating the displaying Cause less the cause is the cause less than the cause less than the cause less than the cause is the cau	EII 1997	DUE TO C DUE TO C C DUE TO C DUE TO C C DUE TO C C DUE TO C C DUE TO C	OR AS A CONSECUTION AS	UENCE OF) UENCE OF) UENCE OF)	27 WAS DEC PRECINAN POSTPAR (Yes or n	EDENT TO A SO I	DAYS WAS A PERFOR	N AUTOPSVO, IMED? no)	TIND COTA TOTA TOTA TOTA TOTA TOTA TOTA TOTA
CAUSE OF DEATH	MAMEDIATE CAUSE (Final deal 10 pm) Conditions of any which gave rise to the summediate cause stating the dispersion 2.3 PAAT II OSAM OF	EII 1997	DUE TO C DUE TO C C DUE TO C DUE TO C C DUE TO C C DUE TO C C DUE TO C	OR AS A CONSECUTION AS	UENCE OF) UENCE OF) UENCE OF)	27 WAS DEC PREGNAN POSTPAR	EDENT TO A SO I	DAYS RE WAS A PERFOR	N AUTOPSVO, IMED? no)	THE WERE AUTOPS PINDINGS AVALABLE PRIOR TO COMPLETION OF CAUSE
CAUSE OF DEATH	MAMEDIATE CAUSE (Final deal of the property of	1997 LICH E COU	DUE TO C DUE TO C C DUE TO C DUE TO C C DUE TO C C DUE TO C C DUE TO C	OR AS A CONSEQUENCE OF AS	UENCE OF) UENCE OF) UENCE OF) UENCE OF)	21 WAS DEC PREGNAN POSTPAR (Yee or n N.7.	EDENT IT OR 90 (ITUM)	DAYS RE WAS A PERFORM (Year or N)	N AUTOPSVÖ, IMED? no)	TIND COTA TOTA TOTA TOTA TOTA TOTA TOTA TOTA
CAUSE OF DEATH	HAMEDIATE CAUSE (Final diad to the property of	1997 ECH	DUE TO C DUE TO C DUE TO C C DUE TO C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE GONSEQUENCE OF THE GONS	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	27 WAS DEC PREGNAN POSTPAR (Yes or n N ?	EEDENT IT OR 90 (TITUM) PA	DAYS RESPONSE (Yes or N	N AUTOPS VO.	THE WERE WITOPS PRINCIPLE OF DEATH (YES OF ROLL) TO COMPLETION OF CAUSE OF DEATH (YES OF ROLL) NO
CAUSE OF DEATH	Conditions of any which geve rise to the immediate cause states to the immediate cause states the cause less U.L. C. 3. PART II CSAMEON UDITOR LAK 29a CERTIFIER (Check only one)	1997 LICHE COU	DUE TO C DUE TO	OR AS A CONSEQUENCE OF AS	UENCE OF)	27 WAS DECIPPEGNAN POSTPAR (Yes or in N.2) the time date at oppraisin, death or	EDENT IT OR 90 (I IT OR 90) A Ind place an occurred at the	DAYS PERFOR (Yes or N) ad due to the cause(s)	N AUTOPSVO. MED? no) O as stated. a and due to the c	THE WERE AUTOPS PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! (Yes or no) NO
CAUSE OF DEATH	HAMMEDIATE CAUSE (First dead of the part of the immediate cause states as the dead of the part of the immediate cause states as the dead of the part of the immediate cause states as the dead of the part of the	1997 LICHTECOU	DUE TO C DUE TO	OR AS A CONSEQUENCE OF AS	UENCE OF)	27 WAS DECIPPEGNAN POSTPAR (Yes or in N.2) the time date at oppraisin, death or	EEDENT IT OR 90 (ITUM? 19) A ond place an occurred at the brine of	DAYS PERFOR (Yee or N) In the causals) we time data, and place date and place and d	N AUTOPS/AU NAED? Nep) O se stated a and due to the c	THE COMPLETION OF CAUSE OF DEATH! (Ves or no) No cause(s) as stated.
DEATH	Conditions of any which geve rise to the immediate cause states to the immediate cause states the cause less U.L. C. 3. PART II CSAMEON UDITOR LAK 29a CERTIFIER (Check only one)	1997 LICHTECOU	DUE TO C DUE TO	OR AS A CONSEQUENCE OF AS	UENCE OF)	27 WAS DECIPPEGNAN POSTPAR (Yes or in N.2) the time date at oppraisin, death or	EEDENT IT OR 90 (ITUM? 19) A ond place an occurred at the brine of	DAYS PERFOR (Yes or N) ad due to the cause(s)	N AUTOPSIO	THE WERE AUTOPS PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! (Yes or no) NO
CAUSE OF DEATH	HAMMEDIATE CAUSE (First dead of the part of the immediate cause states as the dead of the part of the immediate cause states as the dead of the part of the immediate cause states as the dead of the part of the	1997 LICHTECOU	DUE TO C DUE TO	OR AS A CONSEQUENCE OF AS	UENCE OF)	27 WAS DECIPPEGNAN POSTPAR (Yes or in N.2) the time date at oppraisin, death or	EEDENT IT OR 90 (ITUM? 19) A ond place an occurred at the brine of	DAYS PERFOR (Yee or N) In the causals) we time data, and place date and place and d	N AUTOPS/AU NAED? Nep) O se stated a and due to the c	THE COMPLETION OF CAUSE OF DEATH! (Ves or no) No cause(s) as stated.
DEATH	HAMMEDIATE CAUSE (Final dead of the control of the	1997 LICE COU CERTIFYER CORCHER F PERSON WM	DUE TO C OTHER TO THE DESIGN OF THE	OR AS A CONSEQUENCE OF DEATH O	UENCE OF)	27 WAS DEC PREGNAN POSTPAR (Yee or in N. 7.) If the time date at opinion, death occurred death occurred	EDENT IT OR 90 (ITUM) A A course of the street of the stre	DAYS Re WAS A PERFORM (Yee or Note to the cause(s) to the data, and place and of the MEDICAL LICENS (7) 102-47	N AUTOPSIO	THE COMPLETION OF CAUSE OF DEATH! (Ves or no) No cause(s) as stated.
DEATH	MAMEDIATE CAUSE (Final dead of the control of the c	1997 LICE COU CERTIFYER CORCHER F PERSON WM	DUE TO C OTHER TO THE DESIGN OF THE	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF MY knowledge of my knowledge of examination and/or investigation and/or investigation.	UENCE OF)	27 WAS DEC PREGNAN POSTPAR (Yee or in N. 7.) If the time date at opinion, death occurred death occurred	EDENT IT OR 90 (ITUM) A A course of the street of the stre	DAYS PERFOR (Yee or N) In the causals) we time data, and place date and place and d	N AUTOPSIO	THE COMPLETION OF CAUSE OF DEATH! (Ves or no) No cause(s) as stated.
CERTIFIER .	HAMMEDIATE CAUSE (Final dead of the control of the	1997 LICHE COU MEALTH C CORONER OF CEPTIFER	DUE TO C OTHER TO THE DESIGN OF THE	OR AS A CONSEQUENCE OF DEATH O	UENCE OF)	27 WAS DEC PREGNAN POSTPAR (Yee or in N. 7.) If the time date at opinion, death occurred death occurred	EDENT IT OR 90 (ITUM) A A course of the street of the stre	DAYS Re WAS A PERFORM (Yee or Note to the cause(s) to the data, and place and of the MEDICAL LICENS (7) 102-47	N AUTOPSIO	THE COMPLETION OF CAUSE OF DEATH! (Ves or no) No cause(s) as stated.
CERTIFIER . HEALTH	MAMEDIATE CAUSE (Final dead of the property of	1997 1997 CERTIFY N CORCAFR CORCAFR F PERSON WM Id MD	DUE TO C OTHER TO THE DESIGN OF THE	OR AS A CONSEQUENCE OF DEATH O	UENCE OF)	27 WAS DEC PREGNAN POSTPAR (Yee or in N. 7.) If the time date at opinion, death occurred death occurred	EDENT IT OR 90 (ITUM) A A course of the street of the stre	DAYS Re WAS A PERFORM (Yee or Note to the cause(s) to the data, and place and of the MEDICAL LICENS (7) 102-47	N AUTOPSIO	THE WERE AUTOPS PINDINGS WALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! (Ves or no) NO Lauso(s) as stated. 29d. DATE SIGNED (Month Day, Year) 29d. DATE SIGNED (Month Day, Year)
CERTIFIER .	MAMEDIATE CAUSE (Final dead of the control of the c	1997 LICHE COU MEALTH C CORONER OF CEPTIFER	DUE TO C DUE TO	OR AS A CONSEQUENCE OF AS	UENCE OF) Average of the control	27 WAS DECEMPRECIANA POSTPAR (Yes or m. N.Z.) If the time date at opinion, death occurred death occurred	EDENT IT OR 90 (1) TUM? A not place an eccurred at the time 290 (1) and II	DAYS Re WAS A PERFORM (Yee or Note to the cause(s) to the data, and place and of the MEDICAL LICENS (7) 102-47	N AUTOPS'AO, SMED? O as stated a and due to the couse(a) E NO	PARTITION OF CAUSE OF DEATH (Year or no) 120 DATE FILED (Month, Day, Year) 121 DATE FILED (Month, Day, Year)
CERTIFIER . HEALTH	MAMEDIATE CAUSE (Final dead of the property of	1997 1997 CERTIFY N CORCAFR CORCAFR F PERSON WM Id MD	DUE TO C OTHER TO THE DESIGN OF THE	OR AS A CONSEQUENCE OF AS	UENCE OF) AND UENCE OF) AND UENCE OF) U	27 WAS DEC PREGNAN POSTPAR (Yee or in N. 7.) If the time date at opinion, death occurred death occurred	EDENT IT OR 90 (1) TUM? A not place an eccurred at the time 290 (1) and II	DAYS Res WAS A PERFORM (Year or No. 1) And due to the cause(a) the time data, and place and distance and place and distance and place an	N AUTOPS'AO, SMED? O as stated a and due to the couse(a) E NO	PARTITION OF CAUSE OF DEATH (Year or no) 120 DATE FILED (Month, Day, Year) 121 DATE FILED (Month, Day, Year)
CERTIFIER . HEALTH	MAMEDIATE CAUSE (Final dead of the control of the c	1997 1997 CERTIFYN CORCNET CORCNET F PERSON WM MATURE M	DUE TO COMPLETED CAUSE B 320 Ke A COMPLETED CAUSE B 340 DATE OF INJURE B 340 DATE OF INJURE A COMPLETED CAUSE B 340 DATE OF INJURE B 340 DATE O	OR AS A CONSEQUENCE OF AS	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) Stand in Part I Je death occurred at investigation, in my opinion AVE H:	27 WAS DECEMPRECIANA POSTPAR (Yes or m. N.Z.) If the time date at opinion, death occurred death occurred in girlar	EDENT IT OR 90 (1) TUM? A not place an eccurred at the time 290 (1) and II	DAYS Res WAS A PERFORM (Year or No. 1) And due to the cause(a) the time data, and place and distance and place and distance and place an	N AUTOPS'AO, SMED? O as stated a and due to the couse(a) E NO	PARTITION OF CAUSE OF DEATH (Year or no) 120 DATE FILED (Month, Day, Year) 121 DATE FILED (Month, Day, Year)
CERTIFIER . HEALTH	BY AND A GORESS G WANDER AND ACCRESS GO WANDER OF C'EATH Netural I Fencin Reveal	1997 1997 CERTIFYING MEALTH CO CORCHER OF CEPTIFER F PERSON WIND INTURE LA MID HATURE	DUE TO COMPLETED CAUSE OF COMPLETED CAUSE 8320 Ke	Dest of my knowledge of DEATH dTEM 2 E OF DEATH dTEM 3	DUENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) AND OF OF OF OF OF OF OF OF OF O	27 WAS DECIPPEGNAN POSTPAR (Yes or no. N.Z. the time date at operation, death occurred ignlar.	EDENT IT OR 90 (1 TOM 7 19) A ond piece an occurred at the sit the bine (1 Tom 7 19) The sit the bine (1 Tom 7 19) PART 1 Tom 7 19 PART 1 T	DAYS Re WAS A PERFORMING due to the cause(a) we time date, and place and distributed at MEDICAL LICENS (2) 102-91	N AUTOPS'AD SMED? And D Se stated Se and due to the cue to the cause(s) E NO DW shujury OCC	Interval Berween One And Death
CERTIFIER . HEALTH	HAMMEDIATE CAUSE (Final dead of the property o	1997 1997 ECOU CERTIFYER CORCNER CORCNER COF CEPTIFEE CORCNER COF CEPTIFEE CORCNER COF CEPTIFEE CORCNER COF CEPTIFEE CORCNER C	DUE TO COMPLETED CAUSE OF STATE OF INJUING MARKET OF INJUING MARKE	DOR AS A CONSEQUENCE OF AS A CONSEQUENCE OF MY ANOWARDS OF DEATH O	DUENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) AND OF OF OF OF OF OF OF OF OF O	27 WAS DECIPPEGNAN POSTPAR (Yes or no. N.Z. the time date at operation, death occurred ignlar.	EDENT IT OR 90 (1 TOM 7 19) A ond piece an occurred at the sit the bine (1 Tom 7 19) The sit the bine (1 Tom 7 19) PART 1 Tom 7 19 PART 1 T	DAYS Re WAS A PERFORMING due to the cause(a) we time date, and place and distributed at MEDICAL LICENS (2) 102-91	N AUTOPS'AD SMED? And D Se stated Se and due to the cue to the cause(s) E NO DW shujury OCC	PARTITION OF CAUSE OF DEATH (Year or no) 120 DATE FILED (Month, Day, Year) 121 DATE FILED (Month, Day, Year)
CERTIFIER . HEALTH	MAMEDIATE CAUSE (Final dead of the control of any which gave rise to the unmediate cause stating the department of the unmediate cause stating of the unmedia	1997 1997 CERTIFYN CORCNET CORCNET F PERSON WHA MATURE MATURE OP CEPTIFEEN MATURE OP CEPTIFEEN MATURE OP CEPTIFEEN MOD MATURE OP CEPTIFEEN MOD MATURE MOD MOD MOD MOD MOD MOD MOD MO	DUE TO COMPLETED CAUSE OF COMPLETED CAUSE 8320 Ke	DOR AS A CONSEQUENCE OF AS A CONSEQUENCE OF MY ANOWARDS OF DEATH O	DUENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) AND OF OF OF OF OF OF OF OF OF O	27 WAS DECIPPEGNAN POSTPAR (Yes or no. N.Z. the time date at operation, death occurred ignlar.	EDENT IT OR 90 (1 TOM 7 19) A ond piece an occurred at the sit the bine (1 Tom 7 19) The sit the bine (1 Tom 7 19) PART 1 Tom 7 19 PART 1 T	DAYS Re WAS A PERFORMING due to the cause(a) we time date, and place and distributed at MEDICAL LICENS (2) 102-91	N AUTOPS'AD MAED? neal O se stated e end due to the cause(e) E NO C O W INJURY OCC O MEDIT OF RUTH POUR POUR INJURY OCC O MEDIT OF RUTH POUR INJURY OCC O MEDI	INTERPOLATION OF CAUSE OF DEATH (Year or not monner as stated. 29d. DATE FILED (Month, Day, Year) 20d. DATE FILED (Month, Day, Year)
CERTIFIER . HEALTH	MAMEDIATE CAUSE (Final dead of the control of the c	1997 1997 CERTIFYN CORCNET CORCNET F PERSON WHA MATURE MATURE OP CEPTIFEEN MATURE OP CEPTIFEEN MATURE OP CEPTIFEEN MOD MATURE OP CEPTIFEEN MOD MATURE MOD MOD MOD MOD MOD MOD MOD MO	DUE TO COMPLETED CAUSE On the besis of exame On the besis of exame	DOR AS A CONSEQUENCE OF DEATH OF STATE O	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) Stand in Part I Je. death occurred at investigation, in my opinion. AVE H: AE OF Jac. The street, factory, office in street, factory, office.	27 WAS DEC PREGNAN POSTPAR (Yee or no.) I the time date at opinion death occurred i ginlar INJURY AT WO (Yee or no.)	EDENT IT OR 90 (ITUM) A A COUNTY OR 1 the brae of the	DAYS Res WAS A PERFORM (Year or No. 1) And due to the cause(a) the time data, and place and distance and place and p	N AUTOPS'AD MAED? neal O se stated e end due to the cause(e) E NO C O W INJURY OCC O MEDIT OF RUTH POUR POUR INJURY OCC O MEDIT OF RUTH POUR INJURY OCC O MEDI	Interval Berween One And Death
CERTIFIER . HEALTH	MAMEDIATE CAUSE (Final dead of the control of any which gave rise to the unmediate cause stating the department of the unmediate cause stating of the unmedia	1997 LOCIO CERTIFVE CORCAGE FOR CEPTIFEE OF CEPTIFEE ATURE OF CEPTIFEE ATURE OF CEPTIFEE OF CEPTIFE	DUE TO COMPLETED CAUSE BY	DOR AS A CONSEQUENCE OF DEATH OF STATE O	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) Stand in Part I Je. death occurred at investigation, in my opinion. AVE H: AE OF Jac. The street, factory, office in street, factory, office.	27 WAS DEC PREGNAN POSTPAR (Yee or no.) I the time date at opinion death occurred i ginlar INJURY AT WO (Yee or no.)	EDENT IT OR 90 (ITUM) A A COUNTY OR 1 the brae of the	DAYS Re WAS A PERFORMING due to the cause(a) we time date, and place and distributed at MEDICAL LICENS (2) 102-91	N AUTOPS'AD MAED? neal O se stated e end due to the cause(e) E NO C O W INJURY OCC O MEDIT OF RUTH POUR POUR INJURY OCC O MEDIT OF RUTH POUR INJURY OCC O MEDI	INTERPOLATION OF CAUSE OF DEATH (Year or not monner as stated. 29d. DATE FILED (Month, Day, Year) 20d. DATE FILED (Month, Day, Year)