

STATE OF LOUISIANA

THIS RECORD IS VALID FOR DEATH ONLY

IMPORTANT:
PRINT or TYPE in black ink
or indelible marking

STATE OF LOUISIANA CERTIFICATE OF DEATH

File # 47-17-18

2306572

BIRTH No.		FILE No. 117	
1. LAST NAME OF DECEDENT Harlan		10. MIDDLE NAME Willie	
2. DATE OF DEATH (Month, Day, Year) August 6, 1996		3A. SURVIVING SPOUSE (if wife give Maiden Name) Bertha White	
3. HOUR OF DEATH 9:18 P.M.	4. SEX Male	5. RACE Black	6. MARITAL STATUS (Married, Divorced, Widowed, Single) Married
7. DATE OF BIRTH (Month, Day, Year) February 22, 1922		8A. AGE (Years, Months, Days) 74	8B. LENGTH (Year, Month, Day, Hour, Minute) 12
9. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. OF HISPANIC ORIGIN?	
10. USUAL OCCUPATION (Kind of work done during most of working life) 2nd Helper STEELWORKER		11. KIND OF BUSINESS INDUSTRY U.S. Steel Corp	
13. SERVED IN U.S. ARMED FORCES? (Yes or No) No		14. SOCIAL SECURITY NUMBER 407-24-8208	
15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST GRADE COMPLETED) ELEMENTARY (1-8) _____ SECONDARY (9-12) _____ COLLEGE (14-16) _____ 2		16. PLACE OF DEATH (Specify ONLY one, if more than one, list in order of preference and specify on how long)	
17. NAME OF FACILITY (if not in Facility give street address or location) Kenner Regional Medical Center		18C. PLACE OF DEATH IN CITY LIMITS? (Yes or No) Yes	
18. PARISH OF DEATH Jefferson		19. STATE OF BIRTH Indiana	
20. RESIDENCE 2374 Jackson Street, Gary, IN 46407		21. RESIDENCE IN STATE OF BIRTH (Yes or No) Yes	
22. NAME OF INFORMANT Bertha Harlan		23. ADDRESS OF INFORMANT 2374 Jackson St., Gary, IN 46407	
24. DATE OF DEATH August 8, 1996		25. NAME AND LOCATION OF CEMETERY OR CREMATORIUM Oak Hill Cem., Gary, Indiana 46404	
26. SIGNATURE AND ADDRESS OF FUNERAL HOME Professional Funeral Service 1620 Elysian Field Ave. New Orleans, LA 70117		27. FACILITY NUMBER 2310	
28. LICENSE NUMBER 1726		29. ALTERATIONS	
30. REGISTRATION NUMBER 508162		31. PARISH OF ISSUE Orleans	
32. DATE OF ISSUE August 8, 1996		33. LOCAL REGISTRAR William H. Barkus	
34. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY (Hours, Minutes)		37. INJURY AT WORK (Yes or No)	
38. DESCRIBE HOW INJURY OCCURRED		39. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)	
40. LOCATION (Street Number or Rural Route, City, Parish, State)		41. SIGNATURE OF PHYSICIAN OR CORONER John C. Kistler	
42. ADDRESS OF PHYSICIAN OR CORONER 1003 Second Street, Gretna, La. 70053		43. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
44. CAUSE OF DEATH Acute Myocardial Infarction		45. CAUSE OF DEATH Hypertensive Arteriosclerosis Cardiovascular Disease	
46. SIGNATURE OF PHYSICIAN OR CORONER		47. SIGNATURE OF REGISTRAR William H. Barkus	
48. SIGNATURE OF REGISTRAR		49. SIGNATURE OF REGISTRAR	

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder

980214070

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 APR - 6 PM 12:15
8/22/96

9.00
as
cp

FILED

APR 6 1996

AUG 21 1996
SAM ORLICH
AUDITOR LAKE COUNTY



OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

000325 William H. Barkus
STATE REGISTRAR