

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. *47-29*

98028301

Local No. *21-84*

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

FUNERAL HOME
No. 770

LICENSE No. 5170

FUNERAL DIRECTOR'S
LICENSE No. 270

UNLESS INDICATED
OTHERWISE RELEASED
THIS IS A PUBLIC
DOCUMENT

DECEASED

PARENTS

RELATIONSHIP

DOB

DOB

CAUSE

NAME (Last, First, Middle Initial) Will Anderson Jr.		SEX Male	DATE OF BIRTH (Month, Day, Year) Jan. 19, 1904
PLACE OF BIRTH (City, Town, State) Llacy, Ala.	AGE (Years, Months, Days) 55	COUNTY OF BIRTH Lake	DATE OF DEATH (Month, Day, Year) Jan. 19, 1984
CITY, TOWN OR LOCATION OF DEATH Merrillville	HOSPITAL OR OTHER INSTITUTION (Name, Address, City, State, Zip) Methodist Hospital South-Lake	IF HOSPITAL OR OTHER INSTITUTION, GIVE ICD-9 CODE AND NUMBER	
STATE OF BIRTH (State) Alabama	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (Name and present address) Fannie B. Canty
OFFICIAL SECURITY CLASSIFICATION 417-36-2314		USUAL OCCUPATION (Name, Address, City, State, Zip) Switchman	KIND OF BUSINESS OR INDUSTRY J. & L. Steel Corp.
RESIDENCE - STATE Indiana	CITY Lake	CITY, TOWN OR LOCATION Gary	IF RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
STREET AND NUMBER 2289 Waite St.	IF DECEASED OF SPANISH DESCENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF DECEASED OF SPANISH DESCENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF DECEASED OF SPANISH DESCENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FATHER'S NAME (Last, First, Middle Initial) Will Anderson Sr.	MOTHER'S MAIDEN NAME (Last, First, Middle Initial) Lena Jones	RELATIONSHIP Wife	
DECEASED'S HOME ADDRESS (Street, City, State, Zip) 2289 Waite St., Gary, Indiana 46404	CEMETERY OR CREMATORY (Name and Address) Evergreen Cemetery, Hobart, Indiana	FUNERAL HOME (Name and Address) Cuy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.	
DATE OF BURIAL 1/23/84	DATE SIGNED (Month, Day, Year) Jan 21 1984	HOURS OF DEATH	
SIGNATURE OF ATTENDING PHYSICIAN (Name, Address, City, State, Zip) James Frey M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 1-84	
SIGNATURE OF EMBALMER (Name, Address, City, State, Zip) Bobbie Aunt		SIGNATURE OF FUNERAL DIRECTOR (Name, Address, City, State, Zip) Sam Orlich	
SIGNATURE OF FUNERAL HOME (Name, Address, City, State, Zip) Aunt's Myocardial Infarction		SIGNATURE OF LOCAL HEALTH OFFICER (Name, Address, City, State, Zip) Anterupted Head Disease	

SBH 08-003 State Form 35430
REV. 10/77

Return to
NSD
New.

FILED
APR 21 1984

SAM ORLICH
DIRECTOR LAKE COUNTY

BT

TICOR TITLE INSURANCE C-217830

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

THIS CERTIFIES THE ABOVE IS A
COMPLETE COPY OF THE CERTIFICATE OF
DEATH ON FILE WITH THE LAKE COUNTY
HEALTH DEPT.

JAN 21 1984

Alexander R. Orlich, MD
LAKE COUNTY HEALTH COMMISSIONER

EMBALMER'S NAME: ROBBIE AUNT
FUNERAL DIRECTOR'S SIGNATURE: SAM ORLICH