INDIANA STATE BOARD OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

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349 DATE PRONOUNCED DEAD (Month: Day Year) 34h MOTOR VEHICLE ACCIDENT? (Yea or no) If yes, specify driver passenger, pedestrian, etc. UGASTACS 97		Suicide Could no	t be building, etc. (treet, fectory, office	34f LOCATION (Street and N	umber or Rural Route Numi	per, City ar Tawn, State)
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