	THE RECORDS IN THIS	S SERIES ARE CONFIDENTIAL PE	CERTIFICATION OF THE PROPERTY			TATE OF TAKE COUN			
TYPE/PRINT IN	DECEASED—NAME (Fir	et Modele Leut) M. Jac				5:30 A M August 17, 1999			
PERMANENT BLACK INK	4. *SOCIAL SECURITY NUMBER 54 AGE-2015 19 19 19 19 19 19 19 19 19 19 19 19 19		Menen Days	Ju.			11y 10, 1926 9 Dekalb, Mississippi		
	WAS DECEDENT BO YEAR LAST SERVED IN U.S. ARMED FORCES? YES 1946						E OF DEATH (Check only one See instructions) THER TO Nursing Home AB Tomer (Specify) NOT REPORT FOR BRIDGE (Specify)		
DECEDENT	96 FACILITY NAME (From in 1558 Cle		№ city, town or location Gary			DF DEATH No COUNTY OF DEATH Lake			
	10 MARITAL STATUS (Specify) Married	II. SURVIVING SPOUSE (If wife, give mades panel) Dorothy Will	Liams	12e DECEDENT'S USUAL OCCUPATION (Give done during most of working life Do not use Supervisor			ud of work 12b KIND OF BUSINESS/INDUSTRY U S Steel Corp.		
	13e RESIDENCE—STATE 13b COUNTY Indiana Lake		13c CITY TOWN OR LOCATION Gary		13d. STREET AND NUME				
	13e ZIP CODE 13f. INSIDE	1 A. T. T. T. T. A.	15. WAS DECEDENT	OF HISPANIC ORIGIN? Yes (If yes specify C		RACE—American Indian. Black White etc (Specify) Black	17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
	46404 139 ON A	FARM? USA	Mexican, Puerto	licen, etc.)			Elementary/Second	e de la companya della companya dell	
PARENTS	18 FATHERS NAME (First M	iddle. Last)	ocum	CMU		AME (First Middle Meiden S	lurnime)		
INFORMANT	Willis Jean Jack Imogene Curry 20e. INFORMANTS NAME (Type/Propt 20b. MAILING ADDRESS (Street and Number or Aural Route Number. City or Town State. Zip Code) 20c. Relevonship								
	Dorothy 21. METHOD OF DISPOSITIO	J. Jack	more than the same of the same	Cleveland S		Gary, India	ina 46404		
	XXX.rie								
DISPOSITION	220 EMBALMERS NAME Patrician Ov	vens	226 EMBALMERS	<u> </u>			23 WAS DEATH REPORTED TO CORONER?		
	24. SIGNATURE OF FUNERA			246 LICENSE NUMBER 25 NAME ADDRESS AND LICEN			NSE NUMBER OF FUNERAL HOME IN CREAT DITECTORS, Inc 1 Avenue 16404 83007704		
	and the second s	seeses, injuries, or complications that ca		ter nonspecific terms, suc			10404 03	Approximate Interval Between	
	errest shock or heart failure. List only one cause on a		the second of th	HYPOTENSION AND APNEA			Onset and Deeth		
CAUSE OF DEATH	disease or condition resulting in deeth)		MULTIPL	E MYE	ELDI	1A		5 YEARS	
	Conditions, if any, which gave rise to the immediate cause, stating the underlying DUE TO (OR AS A CONSEQUENCE OF). DUE TO (OR AS A CONSEQUENCE OF)								
	cause last	d state of the sta	OR AS A CONSEQUENC						
		tions Conditions contributing to death tes Mellitus	out not previously stated in	PREGI	DECEDED NANT OR PARTUM?			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
	29e CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time date and place, and due to the cause(a) se stated. (Check priv								
	(Check only	HEALTH OFFICER On the basis of		and the state of the state of	1.4 6.5	and the state of t	Ellipsian Committee	The Control of the Co	
		CORONER On the basis of examin	stion and/or investigation.			290 MEDICAL LICENSEN	1	DATE SIGNED (Month Day, Year)	
RTIFIER	one)	CORONER On the basis of examin	4D		10.1	0104214			
ERTIFIER	one) L 29b SIGNATURE AND TITLE (OF CERTIFIER WWW.	MD OF DEATH (ITEM 28) (T	_(pe/Print) Merrillvi	 lle,I		0		
EALTH	296 SIGNATURE AND TITLE OF	CORONER On the basis of examination of CERTIFIER Williams	MD OF DEATH (ITEM 28) (T	npe/Print) Merrillvii XI.4	lle,I			DATE FILED (Month Day, Year)	
ALTH	296 SIGNATURE AND TITLE OF THE AND ADDRESS OF Dr. N. Gu	PERSON WHO COMPLETED CAUSE UPTA 125 East 8	OF DEATH (ITEM 26) (F) 9th Avenue	Merrillvii Merrillvii 14c INJURY AT (Yes or no)			32. (AUG 3 0 1999	
ALTH FICER	296 SIGNATURE AND TITLE OF THE AND ADDRESS OF Dr. N. Gu	DERSON WHO COMPLETED CAUSE DATE OF INJUR JAN PLACE OF INJUR JAN PLACE OF INJUR	OF DEATH (ITEM 26) (7, 9 th Avenue Y 34b TIME OF (1) RY—At home farm stree	Merrillvii M.fo 34c INJURY AT (Yes or no)	WORK1	ndiana 4641	32. (MG 3 0 1889	