

4cc  
 TYPE OR PRINT  
 PLAINLY WITH  
 UNFADING INK  
 THIS IS A  
 PERMANENT  
 RECORD

Below for State Office

Billie Jackson  
 2391 Chase St  
 Gary, Ind. 46404

Mail to  
 Billie Jackson  
 2391 Chase St  
 Gary, Ind. 46404  
 Resub Pt B) 748 McKey's Add to Gary  
 EMERALD'S NAME Edward W. FOWLER  
 LICENSE No. 4263  
 FURNERAL DIRECTOR'S LICENSE No. 627

Disposition Permit  
 Secured  
 Provisional  
 Certificate  
 Yes  No

**INDIANA STATE BOARD OF HEALTH**  
 DIVISION OF VITAL RECORDS  
 MEDICAL CERTIFICATE OF DEATH

Local No. **68..0943** State No. **2**

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH—MONTH, DAY, YEAR

**CLIFF JACOBSON STATE, INDIANA 6-23-1968**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) **Negro** AGE—LAST BIRTHDAY (Y, M, D) **35** UNDER 1 YEAR UNDER 3 MONTHS UNDER 6 MONTHS DATE OF BIRTH (MONTH, DAY, YEAR) **6-23-1919** COUNTY OF DEATH **Lake**

DECEASED CITY, TOWN, OR LOCATION OF DEATH **Gary, Ind.** INSIDE CITY LIMITS (SPECIFY YES OR NO) **yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Harvey Hosp.**

STATE OF BIRTH (NAME COUNTRY) **La.** COUNTRY OF WHAT COUNTRY **USA** MARRIAGE (SPECIFY YES OR NO) **Married** SURVIVING SPOUSE (IF SPOLE, GIVE BARRER NAME) **Billie Jackson**

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

SOCIAL SECURITY NUMBER **08-99081-20** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **steel worker** KIND OF BUSINESS OR INDUSTRY **US Steel Gary Works**

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

**Ind. Lake Gary yes Calumet**

STREET AND NUMBER **1623 Carolina St.** IS RESIDENCE ON A FARM?  YES  NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

**Willie Jackson (D) Florence Henderson**

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR P O BOX CITY OR TOWN STATE ZIP)

**Billie Jackson wife 1623 Carolina St., Gary, Ind.**

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18 (a) **Hepatic Failure**  
 (b) **Labelled cirrhosis of liver.**  
 (c) **Labelled cirrhosis of liver.**

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II OTHER SIGNIFICANT CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

DEATH OCCURRED (HOUR) MONTH DAY YEAR THE DECEDENT WAS PRONOUNCED DEAD (MONTH) DAY YEAR DATE SIGNED (MONTH, DAY, YEAR)

**7:00 AM 6-29-1968** **10-12-1968** **10-12-1968**

CERTIFIER CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (OR CROSS OR MARK)

**PETER BENJAMIN LAKE COUNTY AUDITOR** **Daniel D. Chubb**

MAILING ADDRESS—CERTIFIER (STREET OR P O BOX CITY OR TOWN STATE ZIP)

**1649 1320 a Highway Gary Indiana 46407**

BURIAL BURIAL (SPECIFY) CEMETERY, CREMATORIUM, OR OTHER PLACE LOCATION CITY OR TOWN STATE FUNERAL HOME (NAME AND ADDRESS) (STREET OR P O BOX CITY OR TOWN STATE ZIP)

**Burial Oak Hill Gary, Ind. 219**  
**6-29-1968 Towns, 1900 W. 15th Ave., Gary, Indiana 46406**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS

**6-29-1968 Towns, 1900 W. 15th Ave., Gary, Indiana 46406**

DATE RECEIVED BY LOCAL HEALTH OFFICER (MONTH, DAY, YEAR) SIGNATURE (OR CROSS OR MARK)

**9-00**

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