

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. **85-0007**

DECEASED—NAME 1 Alonzo Hill		SEX 2 male		DATE OF DEATH (Month Day Year) 3 Jan. 1, 1985	
RACE 4 Amer Blk	AGE—Last Birthday (Yr) 5a 61	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo Day Yr) 6 15 Sept. 1923	COUNTY OF DEATH 7 Lake
CITY, TOWN OR LOCATION AT DEATH 7b Gary		HOSPITAL OR OTHER INSTITUTION (Name of inst in full, give street and number) 7c Gary Methodist		IF HOSP OR INST indicate ICD-9 OR ICD-10 for institution (Specify) 7d inpatient	
STATE OF BIRTH (Mo Day Yr) 8 Alabama	CITY/TOWN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SURVIVING SPOUSE (Name, give maiden name) 11 Ruby Woodley		WAS DECEASED EVER IN U.S. ARMY OR NAVY? 12 Yes
SOCIAL SECURITY NUMBER 13 422-24-2658		USUAL OCCUPATION (Give kind of work done during most of working life, report if retired) 14a Disabled Steelworker		KIND OF BUSINESS OR INDUSTRY 14b Jones & Laughlin Steel Co.	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary		IS RESIDENCE ON A FARM? 15d NO	INSIDE CITY LIMITS (Specify YES OR NO) 15e yes
RESIDENCE AND NUMBER 16 1965 Vermont		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 17 NO			
FATHER—NAME (First Middle Last) 18 U/A		MOTHER—MAIDEN NAME (First Middle Last) 17 Marie Hill			
MARTIAL STATUS (Type or print) 18a Ruby Hill		RELATIONSHIP 18b wife	MAILING ADDRESS (Street or R.F.D. No.) 18c 1965 Vermont	CITY OR TOWN 18d Gary, In.	STATE ZIP 18e 46407
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Evergreen Cemetery		LOCATION 19c Hobart	CITY OR TOWN STATE 19d Indiana
DATE (Month Day Year) 20a January 5, 1985		FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No. City or Town State ZIP) 20b Smith Bizzell & Warner 2295 Washington Gary, In. 46407			
To the best of my knowledge, death occurred at the time, date, and place stated on this certificate. 21a (Signature) B. F. Grant Md.		DATE SIGNED (Mo Day Yr) 21b	HOUR OF DEATH 21c		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. B. F. Grant Md.		MAILING ADDRESS—PHYSICIAN 21e 3195 Broadway Gary, In. 46408		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JAN 7 1985	
HEALTH OFFICER—SIGNATURE 22a		OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not referred to cause given in PART I list) 23 Sickle Cell Anemia with Hepatic Cirrhosis and Hepatosplenomegaly		INTERNAL BETWEEN PART I AND PART II	
CAUSE PART I 23 Esophageal Varices, with Acute Rupture		INTERNAL BETWEEN PART I AND PART II		INTERNAL BETWEEN PART I AND PART II	
PART II 23 Massive Upper Gastrointestinal Hemorrhage		INTERNAL BETWEEN PART I AND PART II		INTERNAL BETWEEN PART I AND PART II	
PART III 23 Pericardial Effusion, Pleural Effusion with Intra-Alveolar Hemorrhage		INTERNAL BETWEEN PART I AND PART II		INTERNAL BETWEEN PART I AND PART II	

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EMBALMER'S NAME: **Sherman G. Banks 3rd** LICENSE No. **1625**
FUNERAL DIRECTOR'S SIGNATURE: **Peter Benjamin** LICENSE No. **1625**
FUNERAL HOME No. **248**
ADDRESS: **1625 LAKE COUNTY AVENUE**

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

OCT 27 1985

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE