RMANENT	Ralph H. Reid, Sr.  *BOCIAL BECURITY NUMBER 349-30-0969  *** WAS DECEDENT A US VETERAN?  NO  *** NO  *** PACILITY NAME (If not insist Methodist Hospital S  *** (Specify) Married  *** 13a RESIDENCE-STATE Indiana  *** 13a ZIP CODE 131 INSIDE C	(Years) 69 80 YEAR LAST SERVED IN U.S. ARMED FORCES?  IN (I) ARMED FORCES?  II SURVIVING SPOUSE (II wife, give maiden name) Mabel Williamson 136 COUNTY Lake  ITY LIMITS 14 CITIZEN OF X. Yes WHAT COUN	128. DECET done d Machin 13c CITY TOWN, OR LOCATION METRILIVILLE 15 WAS DECEDENT OF HISPANI	Male 2  AY 8 DATE OF BIRTH (MO. April 17, 1930  8a PLACE OF DEATH (CM. OTHER DOA Merrillville  DENT'S USUAL OCCUPATION (Grung most of working life. Do not all the Operator  13d 8 294:  IC ORIGIN? 18. RACE—A	### March 1  Dey, Yr)  7 BIRTHPLACE (I  Barbadas, W.  Rok anly one See instructions.)  Nursing Home Residence  TION OF DEATH  Lake  We kind of work  see retred)  Refractory  STREET AND NUMBER  2 West 60th Drive  mencen indien.	City and State or Foreign Country)  'est Indies  ' OF DEATH  USINESSANDUSTRY
RMANENT (	349-30-0969  No  St. FACILITY NAME (If not install St. Specify)  Married  13a RESIDENCE-STATE  Indiana  13a ZIP CODE 131 INSIDE CI No  13g ON AFA  46410 X No	(Years) 69 80 YEAR LAST SERVED IN U.S. ARMED FORCES?  L//3  (Urion, give street and number)  Southlake 11 Surviving Spouse (If wife, give maiden name) Mabel Williamson 136 COUNTY Lake  TY LIMITS 14 CITIZEN OF X Yes WHAT COUN  RM7	MONTHS Days Hours Min  HOSPITAL X Inpetient ER/Outpetient 12a. Decet done of Machin 13c. CITY TOWN, OR LOCATION Merrillville 15. WAS DECEDENT OF HISPANI X NO Yes (If yes, i	April 17, 1930  Be PLACE OF DEATH (CN)  OTHER  DOA  BC CITY, TOWN, OR LOCA'  Merrillville  DENT'S USUAL OCCUPATION (G)  Ituning most of working life. Do not a  COperator  13d E  294  IC ORIGIN?  18. RACE—A  Specify Cuban, Black, W	Barbadas, W  Barbadas, W  Coloniy one See instructions.)  Nursing Home Other (Specify)  Residence  TION OF DEATH Bd COUNTY  Lake  New kind of work see retred)  Refractory  STREET AND NUMBER  2 West 60th Drive  mencen indien.	City and State or Foreign Country)  Cest Indies  OF DEATH  USINESS/INDUSTRY
ACK INK	NO SIDE PROPERTY NAME (If not state of the s	69  8b YEAR LAST SERVED IN U.6 ARMED FORCES?  LIDON give street and number)  Southlake  11 SURVIVING SPOUSE (II wife, give maden name)  Mabel Williamson  13b COUNTY  Lake  TY LIMITS 14 CITIZEN OF  X Yes WHAT COUNTY	HOSPITAL: X Inpelient ER/Outpatient  12a. DECET done of Machin  13c. City Town, OR LOCATION Merrillville  15. WAS DECEDENT OF HISPANI (TRY)  X No Yes (If yes,	April 17, 1930  SA PLACE OF DEATH (CNI  DOA OTHER DOA  SC CITY, TOWN, OR LOCAL  MERTILIVILLE  DENT'S USUAL OCCUPATION (G.  SURING MOST of working life. Do not all  IC OPIGIN? 18. RACE—A  Specify Cuban, Black, y  Black, y	Nursing Home Other (Specify) Residence FION OF DEATH Bd COUNTY Lake Ne kind of work see retired) Refractory STREET AND NUMBER 2 West 60th Drive mencen indien.	OF DEATH
CEDENT	NO  SIDE FACILITY NAME (If not state)  Methodist Hospital S  10 Martial Status (Specify)  Married  13a RESIDENCE-STATE  Indiana  13a ZIP CODE 131 INSIDE CI No  13g ON AFA  46410 X No	U 6 ARMED FORCES?  LITON, give street and number)  Southlake  11 SURVIVING SPOUSE  (If wife, give maden name)  Mabel Williamson  13b COUNTY  Lake  TY LIMITS  14 CITIZEN OF  X Yes WHAT COUNTRATE	12s. DECEE done of Machin  13c CITY TOWN, OR LOCATION Merrillville  15. WAS DECEDENT OF HISPANI (TRY?)  Yes (If yes,	DOA  Sc CITY, TOWN, OR LOCAL Merrillville DENT'S USUAL OCCUPATION (G. furing most of working the. Do not a fire Operator  13d E 294 IC ORIGIN? 18. RACE—A specify Cuban, Black, W. Black, W.	Nursing Home Residence Residence Round of DEATH Lake Ne kind of work see retired) Refractory REFET AND NUMBER 2 West 60th Drive mencen Indian.	USINESSANDUSTRY
:	Methodist Hospital S  Methodist Hospital S  Marital Btatus (Specify) Married  13a RESIDENCE-STATE Indiana  13a ZIP CODE 131 INSIDE CI No  13g ON AFA  46410 X No	Nution, give street and number) Southlake  11 SURVIVING SPOUSE (II wife, give meiden name) Mabel Williamson  13b COUNTY Lake  TY LIMITS 14 CITIZEN OF X Yes WHAT COUN	12s. DECEE done of Machin  13c CITY TOWN, OR LOCATION Merrillville  15. WAS DECEDENT OF HISPANI (TRY?)  Yes (If yes,	BLOCK Specify Cuban, Black, y  Book Security, Town, OR LOCAL Merrillville  DENT'S USUAL OCCUPATION (G.   Suring most of working life. Do not a   the Operator  13d &  294.  IC ORIGIN? 18. RACE—A  specify Cuban, Black, y	Residence FION OF DEATH Bd. COUNTY Lake New kind of work 12b. KIND OF B Refractory STREET AND NUMBER 2 West 60th Drive mencen Indian.	USINESSANDUSTRY
	Methodist Hospital S  10 MARITAL STATUS (Specify)  Married  13a RESIDENCE-STATE  Indiana  13a ZIP CODE 131 INSIDE CI No  13g ON AFA  46410 X No	Southlake  11 SURVIVING SPOUSE (If wife, give madden name) Mabel Williamson  136 COUNTY Lake  ITY LIMITS X Yes WHAT COUN  RM7	doing of Machin  13c CITY TOWN, OR LOCATION  Merrillville  15. WAS DECEDENT OF HISPANI (TRY)  X NO Yes (If yes, i	Merrillville DENT'S USUAL OCCUPATION (G. furing most of working life. Do not a net Operator  13d S 294.  IC ORIGIN? 18. RACE—A specify Cuban, Black, V.	Lake New kind of work New retrod) Refractory TREET AND NUMBER 2 West 60th Drive mencen Indian.	USINESSANDUSTRY
	10 MARITAL STATUS (Specify) Married  13a RESIDENCE-STATE Indiana  13a ZIP CODE 13I INSIDE C No  13a ON A FA	11 SURVIVING SPOUSE (If wife, give marden name) Mabel Williamson  136 COUNTY Lake  ITY LIMITS 14 CITIZEN OF X Yes WHAT COUN	doing of Machin  13c CITY TOWN, OR LOCATION  Merrillville  15. WAS DECEDENT OF HISPANI (TRY)  X NO Yes (If yes, i	DENT'S USUAL OCCUPATION (Grunng most of working life. Do not a ne Operator  13d S 294  IC ORIGIN? 18. RACE—A specify Cuban, Black, W	Ne kind of work 12b. KIND OF B Refractory STREET AND NUMBER 2 West 60th Drive mencen Indian.	
	(Specify) Married  13a RESIDENCE-STATE Indiana  13a ZIP CODE 13I INSIDE C No  130 ON A FA 46410 X No	(If wife, give maiden name) Mabel Williamson  13b COUNTY Lake  ITY LIMITS 14 CITIZEN OF X Yes WHAT COUN	doing of Machin  13c CITY TOWN, OR LOCATION  Merrillville  15. WAS DECEDENT OF HISPANI (TRY)  X NO Yes (If yes, i	turing most of working life. Do not a te Operator  13d 5 294 ic Origin? 16. RACE—A specify Cuban, Black, V	Refractory STREET AND NUMBER 2 West 60th Drive mencen Indian.	
	13a RESIDENCE-STATE Indiana 13a ZIP CODE 131 INSIDE CI No 139 ON A FA	Lake  TY LIMITS 14 CITIZEN OF X Yes WHAT COUN	13c CITY TOWN, OR LOCATION  Merrillville  18. WAS DECEDENT OF HISPANI  ATRY?  A No Yes (If yes,	13d 8 294 IC ORIGIN? 18. RACE—A specify Cuban, 1 Black.	TREET AND NUMBER 2 West 60th Drive	
	13e ZIP CODE 13I INSIDE CI No No 13g ON A FA 46410 X No	TY LIMITS 14 CITIZEN OF X YES WHAT COUN	15 WAS DECEDENT OF HISPANI	IC ORIGIN? 18. RACE-A specify Cuban, Black. V	mencen Indien,	DECEMBER PRINCIPLE
	13g ON A FA 46410 X No	X Yes WHAT COUN	ITRY? X No Yes (If yes, a	specify Cuban,   Black V		DECEDENTE PRINCIPION
NDENTE	46410 X No		Mexican Puerto Rican, etc.)	(Specif)	VINIUS, UIL ; CANADA	DECEDENT'S EDUCATION  fly only highest grade completed)
DENTE		- Yes U.S.A.	00114	2011		condary (0-12)   College (1-4 or 5+)
DENTE	18 FATHER'S NAME (FISI, MIC	<u> </u>	Docum	Black	732	
PARENTS	0.1 5 ! !	ide, Last)	NOTOF	19. MOTHER'S NAME (FINE		
FORMANT	Oshert Edwards 20a. INFORMANT'S NAME(Typ.	e(Prof.)	20h MAHING ADDRES (C	Florence Reid	umber, City or Town, State. Zip (000)	20c Relationship
	Mabel Williamson-I	' had		rive Merrillville, India	deferred to the	Wife
	21a METHOD OF DISPOSITIO		210 DATE AND PLACE OF DISPOSE	ITION(Ivame of cematery, premator		or Town, State
	X Burial Cremation  Donation Other (Spi	Removal from State	other place) March 17, Calumet Park Cemetery		Merrillville, I	ndiana
SPOSITION	22a EMBALMER'S NAME		22b. EMBALMER'S LICENSE NO		DEATH REPORTED TO CORONER?	• • • • • • • • • • • • • • • • • • • •
	Sherman Banks III		FDO 1016254	PNO		
	24. SIGNATURE OF FUNERA	L DIRECTOR	24b LICENSE NUMBE		ESS, AND LICENSE UMBER COUN	ERAL ME ()
	1	// /	(of Licensee)	Smith Bizz	ell & Warner Funera Ho	me. HIJ 9500034
Ì	Therman		FDO 1016254	The second livery with	St, Gary. 446408	
		iseases, injunes, or complications to ck. or heart failure. List only one ci	that caused the death. Do not enter nonspecific tause on each line.	terms, such as cardiac or respirator	00.1	Approximate  interval Between  Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	· Re	ctal Cox	01		記述でいる
CAUSE OF	resulting in death)	b	DUE TO (OR AS A CONSECUENCE OF	US OFFI	LLEDE	8981
EATH	Conditions, if any, which gave rise to the immediate cause,		DUE TO (OR AS A CONSEQUENCE OF)	TEE!	THE SA	第 多
	stating the underlying cause last	, t	DUE TO (OR AS A CONSEQUENCE OF		1 0 2 2000 CD	<u> </u>
	DARY II Other experient condi-	d	ath but not previously stated in Part I	27. WAS DECEDENT	28a WAS ANAUTOPSY 28	b WERE AUTOPSY FINDINGS
	r an i ir Valet significam conon	and - containents continuing to de-	SE	PREGNANT OR 90 DAYS	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			MDI/NDI	AN (Yes ar No)	COUNTY AUDIT	DEATH? (Yes or No.)
	29a CERTIFIER (Check only	CERTIFYING PHYSICIAN	To the best of my knowledge, death occurred at	the time, date, and place, and due	o the cause(s) as stated	
	(Check only one)		basis of examination and/or investigation, in my			
POTIFIES	29b SIGNATURE AND TITLE		of examination and/or investigation, in my opinion	. 290	MEDICAL LICENSE NO. 21	d DATE SIGNED (Month, Day, Year)
ERTIFIER	Mai	$\sim U_{-}$	holden	O	1045710	418100
	30 NAME AND ADDRESS OF	person who completed cai $\mathcal{N}$ $\mathcal{A}$ . $\mathcal{TR}$ $\mathcal{Y}\mathcal{B}$ $\mathcal{U}$	USE OF DEADH (VTEM 26) (Typo (Print)  126 M.D. 125 F.A	15T 89the 1	MARIELLE LA	diana
EALTH	31. MEALIN OFFICER'S SIGN	<u>v h. /k.you</u> At <b>res</b> . <i>M</i>	CH MIND. 180 CA	15T OF AUC 1	SEKKILLVILLE LP.	DATE FILED (Month Day, Year)
FFICER	a lexander	Xilliana)	MD		Ċ	Inil 5 Do
1	33 MANNER OF DEATH	34a DATE OF INJ	URY 34b TIME OF - 34c INJ		DER ME HOW MAUNY OCCURRED HI	
		(Month, Day, 1	Year) INJURY (Ye		LETE COPY OF THE CENTIFICA I ON FILE WITH THE LAKE COU	
	Inves	stigation			HIDEPT	
	Accident Suicite Coult	not be 34e PLACE OF IN	JURY-Al home, farm, street, factory, office	MI LOCATION (S-	and Nutiliar or Flare Routh Ruthay, C	ay or Token Street
	Deter	mined building etc (	· ·	· · · · · · · · · · · · · · · · · · ·	ATTN UUTTOOT	
	Hornicide			· · · · · · · · · · · · · · · · · · ·		· WM

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