

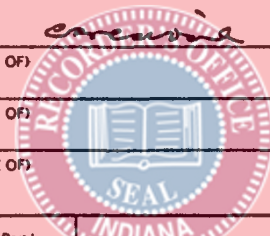
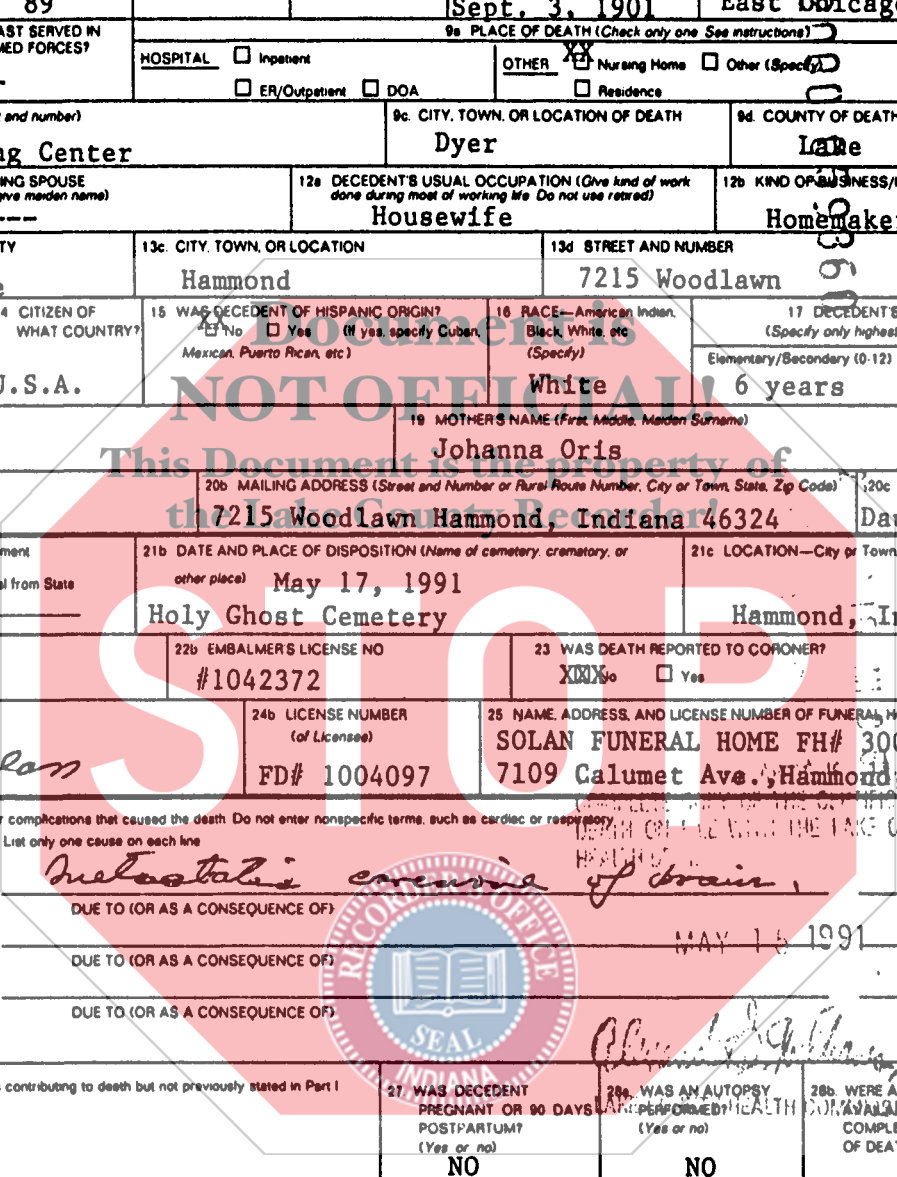
2000-059860 INDIANA STATE BOARD OF HEALTH

No. (036-9) 2000181 BT

CERTIFICATE OF DEATH State No.

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Form with fields for DECEASED-NAME (ANNA PEREVUZNIK), SEX (Female), TIME OF DEATH (5:20AM), DATE OF DEATH (May 14, 1991), SOCIAL SECURITY NUMBER (306-01-5105 D), AGE (89), DATE OF BIRTH (Sept. 3, 1901), BIRTHPLACE (East Chicago, Indiana), FACILITY NAME (Meridian Nursing Center), CITY/TOWN/LOCATION OF DEATH (Dyer), COUNTY OF DEATH (Lake), MARITAL STATUS (Widow), SURVIVING SPOUSE, USUAL OCCUPATION (Housewife), KIND OF BUSINESS/INDUSTRY (Homemaker), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN/LOCATION (Hammond), STREET AND NUMBER (7215 Woodlawn), ZIP CODE (46324), CITIZEN OF WHAT COUNTRY (U.S.A.), RACE (White), DECEASED'S EDUCATION (6 years), FATHER'S NAME (Vasil Suranich), MOTHER'S NAME (Johanna Oris), INFORMANT'S NAME (Mary Anderson), MAILING ADDRESS (7215 Woodlawn Hammond, Indiana 46324), RELATIONSHIP (Daughter), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (May 17, 1991, Holy Ghost Cemetery), LOCATION (Hammond, Indiana), EMBALMER'S NAME (Charles W. Wells), EMBALMER'S LICENSE NO (#1042372), SIGNATURE OF FUNERAL DIRECTOR (Mary Solan), LICENSE NUMBER (FD# 1004097), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (SOLAN FUNERAL HOME FH# 3002893, 7109 Calumet Ave., Hammond, Ind. 46324), IMMEDIATE CAUSE (Metastatic carcinoma of brain), DATE OF DEATH (MAY 14 1991), CERTIFIER (Fred Adler), SIGNATURE AND TITLE OF CERTIFIER (Fred Adler), MEDICAL LICENSE NO (01019251), DATE SIGNED (May 14, 1991), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Fred M. Adler MD, 800 MacArthur Munster, Indiana 46321), HEALTH OFFICER'S SIGNATURE (Alexander S. Williams, PETER BENJAMIN, LAKE COUNTY AUDITOR), DATE FILED (MAY 15, 91), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED (01184), PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?



FILED

AUG 1, 2000

9:00 AC