

0818

CITY OF EAST CHICAGO, INDIANA
DEPARTMENT OF HEALTH
CITY HALL

001478

NOT ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

SEP 13 2000

Local Record of Death

2000 066810

PETER BENJAMIN
LAKE COUNTY AUDITOR
THIS IS TO CERTIFY,

That our records show WILLIAM JORDAN died

5 22 1986 ST. CATHERINE HOSPITAL EAST CHICAGO
MONTH DAY YEAR PLACE STREET, HOSPITAL

Age at Death 44 00 00 Sex MALE Married X Widowed _____
Years Months Days

Birth Date 4 24 1942 Color BLACK Single _____ Divorced _____
Month Day Year

Primary cause of death given was DUE TO CONCENTRATION OF COCAINE AND BENZOYLECGONIN
ACCIDENT COMBINATION DRUG OVERDOSE HOME

Signed by DANIEL D. THOMAS CROWN POINT IN
Physician Address

Place of burial or removal EVERGREEN MEMORIAL HOBART INDIANA
Name of Cemetery

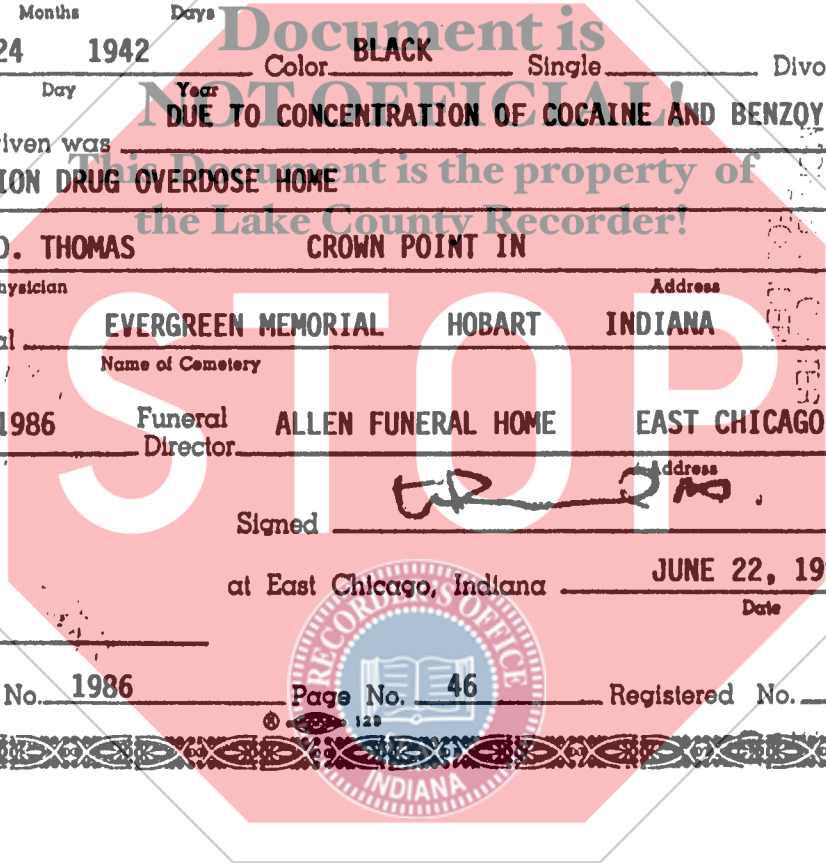
Date of burial 5-28-1986 Funeral Director ALLEN FUNERAL HOME EAST CHICAGO IN
Address

Signed _____ Sec'y

at East Chicago, Indiana JUNE 22, 1999
Date

Filed JUNE 23, 1986

Recorded locally in Book No. 1986 Page No. 46 Registered No. 234



CS
Kee



Official Stamp

SEAL OF THE STATE OF INDIANA
LAKE COUNTY
FILED

2000 066810

2000 SEP 13 PM 2:29

MONROE CENTER
RECORDER

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Information Sheet

This is where you want the recorded document sent back to
when it has completed the recording process.

Name Iris Jordan

Address 3589 Block Ave

City St Zip East Chicago Ind 46312

Telephone 219-392-5892

Signature Printed Iris Jordan

Signature Written Iris Jordan

Date of Signature 9-13-00

Check Number _____

Check Amount CASH \$ 10.00

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials A.C.