## INDIANA STATE DEPARTMENT OF HEALTH COMMUNICATION OF DEATH ON FILE WITH THE COMMUNICATION OF DEATH ON FILE WITH THE COMMUNICATION OF DEATH OF DEPARTMENT.

CERTIFICATE OF DEATH

	THE RECORDS IN										
TYPE/PRI	INT DECEASED-NAME	(First, Middle, Last)		10 07-1-10		2. SE	:	Di	ite Issu		nd Health Commis
IN PERMANE	ENT 4. *SOCIAL SECURITY NO	Ruby	L.	Polla		1	male	3a. TIME OF 6:10	DEATH	3b DATE OF DEAT April 23	H (Month, Day, Yr)
BLACK IN	NK 419-50-186	320d2	AGE—Last Birthday	7 6 42		ER I DAY	DATE OF	BIRTH (Mo. Day. )	7 M	BIRTHPLACE (City at	O , ZUUZ and State or Foreign Countr
	8a. WAS DECEDENT	8b YEAR	AST SERVED IN	402	21	Minutes	July	31(,):1096	5 11	Hurtshoro	A 1 a b am a
	A U.S. VETERAN?	U.S. AR	MED FORCES?	HOSPITAL   Inpa	ient	9a	PLACE OF	DEATH (Check of	ly one Se	e instructions.)	, Alabalila
	NO 9b FACILITY NAME (#		n/a		Outpatient []	DOA .	OTHER	Nursing h	ome 🗌	Other (Specify)	
DECEDENT	96 FACILITY NAME (# no	institution, give stree	t and number)				OWN OR LO	Residence	TH	9d. COUNTY OF DE	
	1020 Drack					На	ammond			Lake	EATH
	(Specify) Married	(If wife, g	ING SPOUSE	_	12a DECEDE	NT'S USUAL	OCCUPATI	ON (Give kind of not use retired)	vork	126 KIND OF BUSINE	20/10/10/20
	13a RESIDENCE-STATE	13b. COUNT	iel Polla		reac	hers A	Aide (	retired			
	Indiana	La		13c. CITY, TOWN, OR L	OCATION			3d STREET AND		R	y of Hammo
	13e. ZIP CODE 13f. INSI	DE CITY LIMITS 14	CITIZEN OF	Hammo				1020 Di	acke	ert Street	-
	N	o Ö⊈Yes	WHAT COUNTRY	1 42.40 4 1	es (If yes, s	ORIGIN? specify Cubar	16. RACE	—American India: White, etc.		17. DECEDEN	IT'S EDUCATION
	46320 139 ON	1		Mexican, Puerto Rio	can, etc.)		(Spe		Flee	(Specify only high nentary/Secondary (0-1	nest grade completed)
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	1 =	is, Sr.				19 MOTH	ER'S NAME (	irst, Middle, Maid	n Surnan	ne)	
INFORMANT	208 INFORMANT'S NAME (	Type/Print)				Len	a An	derson			
	Samuel Poll			1020 Dr	ADDRESS (Str	eet and Numb	er or Rural Ro	ute Number. City	or Town.	State, Zip Code) 20	c. Relationship
	21a METHOD OF DISPOSITI	ON Entombme	nt	T020 DI	acker	- DC.	Hammo	nd. Ind	iana	1 ( 0 0 0	usband
	□ Buriel □ Crematic		om State	21b. DATE AND PLACE ( other place) Ap	ril 🤈	ON (Name of d フークハ/	cemetery. cre ∩. ∙>	matory, or	21c. LC	CATION-City or Tow	rn. State
	☐ Donation ☐ Other (S	pecify)		Evergreen	Memori	7, 200	1				
ISPOSITION	22ª EMBALMER'S NAME			22b. EMBALMER'S LI	CENSE NO	al Pa			Hol	oart, Indi	lana
	Tracy Che	ri Willi	ams /	FD086002		Fig	23. W	AS DEATH REPO		CORONER?	
	248 SIGNATURE OF FUNERA	L DIRECTOR				<u> 12</u>		_			
		Δ .	/.	24b. LICE	NSE NUMBER	1.2	25 NAME A	DDECC			
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