## CITY OF EAST CHICAGO, INDIANA DEPARTMENT OF HEALTHOF INCIDENCE OF THE LAKE COUNTY OF A STREET OF THE LEGISTER OF THE LEGISTER

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| MONTH 1          | 4 79                |                     | Charles H      | spital Ea    | st Chicago | - Drid          |
|------------------|---------------------|---------------------|----------------|--------------|------------|-----------------|
| Age at Death     | •                   | ionthe Do           | Ser Male       | s<br>Married | XX Wide    |                 |
| Birth Date       | 7 4                 | 191 Day Ye          | Color Whi      | te Single    | Di         | • •             |
| Primary cause    | of death give       | n was               | Metastat       | ic carcinom  | a of color | 2               |
|                  |                     |                     | _              |              |            | 5               |
| pidued ph        | Sa Iman Ga<br>Physi | ilani<br>Han        | Eas            | t_chicago_   | Address    |                 |
| Place of burial  | or removal _        | Oakla<br>Nume of Ce | nd<br>melery   | Doltor       | <u> </u>   | <u> </u>        |
| Date of burial . | 5-19-73             | Funer<br>Direc      |                | RE           | at Chienad | Ind             |
|                  |                     | De                  | Signed And     | 1940         | ZOD'       |                 |
| •                | ·                   | DO                  | at East Chicag | Po           | 24 P 24    | S Sec'γ<br>2001 |
| Filed            | 5-18-79             | NOT                 | OFFICE         | roper Wind   |            | //              |
| Recorded local   | Th<br>ly in Book No | is Docum            | nent is the p  | roperty of   | AAAAA OOG  |                 |
|                  |                     | XX XX               |                | corder:      |            |                 |
| N.E. INTRY       | M. Gain             | sville              | 71.32601 E     |              | 10         | 13451580        |
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