• ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

KEY # 43 ~ 163-8 INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

 TH	HE RECORDS IN	THIS SEMIE	3 Ant or				2. SEX		TIME OF DEATH	1 5	20 1	Ony. Yr)
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1 1					☐ ER/	Outpatient Do	· CITY TOW	N OR LOCATI	ON OF DEATH	9d COUNTY		
<u> </u>	NO FACILITY NAME (If not institution	give stree	t and number)	··	1	Mer	rillvi	lle		ke	
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20	Delphine	Boyd			21b. DATE AND P) Lane o	UT COU	é cemetery, cre	matory, or	21c LOCATION	—City or Tow	n. State
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