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PORTER COUNTY

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

CERTIFICATE OF DEATH

I DECEASED-NAME GVE MI	VOJNOVIC			Female	3:50 A	<u> </u>	uary 13.
4 *BOCIAL BECURITY HUMBER	So. ACE-Le: 100			AY & DATE OF B		7. BIRTHPLAC	CE (City and State or Fe
307-74-0472	(Years) 99	Months Days	Hours Min	March	13. 1897	r <u></u>	Yugos1
MAS DECEDENT A U.S. VETERANT	B. YEAR LAST SERVED IN			90 PLACE OF	XEATH (Check only on	. See metrucken	
A U.S. VETERANT NO	U.S. ARMED FORCEST	HOSPITAL Inpe			_ XXveraing Home	Other (Spe	C)
		☐ ERA	Outputtent DOA	CITY TOWN ON I	CATION OF DEATH	M. COL	INTO DEATH
no. FACILITY NAME (From month) Canterbur				Valpara			Porte
	•	_ <u>**</u>	12s DECEDENTS		ON (Give kind of work a not use retired)	12b. KIND	OF BUSINESS/INDUS
10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give median name			emaker	nat use retired)	14,44	Own Home
Widowed	13h COUNTY	13c. CITY, TOWN, OR		- IIIaker	134 STREET AND ML	MARK	
Indiana	Porter	Valpa	raiso		251 So. S	Sturdy	Road
		15. WAS DECEDENT	OF HISPANIC ONG		EAmerican Indian.		7. DECEDENT'S EDUC
13e. ZIP CODE 13f. INSIDE CIT		etilika 🗀 (A) Me 🖂	Yes (If yes, speci	dy Cuben. Ble	ck, White, etc.		scordery (0-12) Co
46383 134 9NA FAIL		Marican Averte	men	tis "	White		- Ca
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IS. FATHER'S NAME COM AND	Leaf			ABozi	_		
Simo Vojnov			0.4000000		Route Number, City or		Codel 20c Relate
20s. INFORMANT'S NAME (Type)		Document		poper	wn Point	IN 46	30营 Dau
Bess Brancio	11.	C 21% DATE AND PLACE					-City as-Town, State
21a. METHOD OF DISPOSITION	Gitombriont CIII	216 DATE AND PLAC	January	15, 1997			3
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226. EMBALMERS HAME	lowezyk		800305	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	₹)/•• □ ·	and the state of	
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