

SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. RACE Emanuel Boney 2. Male 3. December 17, 1973

4. Negro 5a. 57 5b. 57 5c. 4/30/16 6. Lake COUNTY OF DEATH

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Crown Point 7d. James O. Parramore Hospital

STATE OF BIRTH (IF NOT IN U.S.A., CITIZEN OF WHAT COUNTRY) 7c. Yes

8. Alabama 9. U.S.A. 10. NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

SOCIAL SECURITY NUMBER 13a. Laborer 13b. City of Gary Sanitation Dept.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION

14a. Indiana 14b. Lake 14c. Gary 14d. Yes 14e. North

STREET AND NUMBER 14g. No WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown), (If yes, give war or dates of service)

14f. 1112 Johnson Street 14h. Yes NO IS RESIDENCE ON A FARM?

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Condi Boney 16. Gertrude Stone

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. James O. Parramore Hospital 17b. 17c. 2600 W. 93rd Ave. Crown Point, Ind. 46307

DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18a. Bacteremic Shock 18b. 2 Hrs.

18c. Pulmonary Infection - Probably tuberculosis 18d. More than 5 wks.

IMMEDIATE CAUSE

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

19a. FILED 19b. FILED

19c. FILED 19d. FILED

19e. FILED 19f. FILED

19g. FILED 19h. FILED

19i. FILED 19j. FILED

19k. FILED 19l. FILED

19m. FILED 19n. FILED

19o. FILED 19p. FILED

19q. FILED 19r. FILED

19s. FILED 19t. FILED

19u. FILED 19v. FILED

19w. FILED 19x. FILED

19y. FILED 19z. FILED

DATE & TIME OF DEATH MONTH DAY YEAR HOUR

20. 12 17 1973 5:25 P.M.

PHYSICIAN'S NAME (TYPE OR PRINT) DATE SIGNED MONTH YEAR

21. M.B. Gabato, M.D. 12 12 1973

22a. M.B. Gabato, M.D. 22b. M.B. Gabato, M.D. SIGNATURE OF PHYSICIAN

22c. 2600 W. 93rd Avenue 22d. Crown Point, Indiana CITY OR TOWN STATE ZIP

22e. 2600 W. 93rd Avenue 22f. Crown Point, Indiana CITY OR TOWN STATE ZIP

22g. 2600 W. 93rd Avenue 22h. Crown Point, Indiana CITY OR TOWN STATE ZIP

BURIAL, CREMATION, REMOVAL (SPECIFY) LOCATION

23. Burial 24a. Gary, Indiana CITY OR TOWN STATE ZIP

24b. Oak Hill Cemetery 24c. Gary, Indiana CITY OR TOWN STATE ZIP

24d. Smith, Bizzell & Warner Funeral Home, Inc. 24e. 2293 Washington Street, Gary, Indiana 46407 (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24f. 12/22/73 24g. 000327 HEALTH OFFICER—SIGNATURE

25a. Peter Stecy, M.D. 25b. December 28, 1973 DATE RECEIVED BY LOCAL HEALTH OFFICER

113-3

248 No. 1984 LICENSE No. 1984 SIGNATURE

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MORRIS W. CARTER
RECORDER

1984
1984

Tax mail → 1108 Johnson St, Gary, IN 46406

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