

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Order for Death Office File

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Disposition Permits Issued / / Provisional Certificate Yes No

FILED FEB 26 2004

001907

DECEASED'S NAME BRUCE HOWER 3778

INDIANA STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH SERVICES
MEDICAL CERTIFICATE OF DEATH

Local No. **62-0989** State No. **Key# 42-134-748**

1. PLACE OF DEATH
a. COUNTY **Lake** b. CITY, TOWN, OR LOCATION **Lake**

2. NAME OF HOSPITAL OR INSTITUTION **Meth. Hosp.** 3. RESIDENCE OF DECEASED
2124 Mad. St.

4. NAME OF DECEASED (Type or print) **George** 5. DATE OF DEATH **July 30, 1962**

6. SEX **Male** 7. COLOR OR RACE **Col.** 8. DATE OF BIRTH **Aug. 18, 1904** 9. AGE (last birthday) **57**

10. OCCUPATION **Wash. Co., Miss.** 11. COUNTRY OF BIRTH **Miss.**

12. FATHER'S NAME **Allen Watson** 13. MOTHER'S MAIDEN NAME **Francis Robinson**

14. INFORMANT'S ADDRESS **2124 Mad. St.** 15. RELATIONSHIP TO DECEASED **Wife**

16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **MI**
DUE TO (b) **Arteriosclerosis**
DUE TO (c) **Hypertensive Cardiovascular Disease**

17. INTERVAL BETWEEN ONSET AND DEATH **4 months**

18. ACCIDENT SUICIDE HOMICIDE 19. DE CEASED (WHICH EVER APPLICABLE)

20. TIME OF INJURY **12:30 P.M.** 21. PLACE OF INJURY **Home** 22. CITY, TOWN, OR LOCATION **Lake** COUNTY **Lake** STATE **Ind.**

23. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 24. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at **Home** (C.S.T.) from causes stated and on above date.

25. SIGNATURE **John T. Carley, M.D.** 26. DATE SIGNED **30 July 62**

27. NAME OF CEMETERY OR CREMATORY **Oak Hill** 28. LOCATION **Gary, Ind.**

29. DATE RECD BY LOCAL HEALTH OFFICER **30 3 1962** 30. SIGNATURE OF HEALTH OFFICER **John T. Carley** 31. FUNERAL DIRECTOR **Howe** ADDRESS **Gary, Ind.**

U.S.P.H.—4-34-3—Revised 1964 U.S. Department Health, Education and Welfare Form Approved Budget Form No. 50-1077 CKH 819010

