

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Allow for State Office Use

LAKE COUNTY  
FILED FOR RECORD  
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Gary land Co's 1st Sub. lot 5 Block 2  
25-44-0002-0006

Disposition Permit  
Issued /  
Provisional Certificate  
 Yes  No

EMBALMER'S NAME Roosevelt Allen LICENSE No. 2009-045487  
FUNERAL DIRECTOR'S SIGNATURE Roosevelt Allen LICENSE No. 270  
FUNERAL HOME 770

Local No. 29-0117

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 010315

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Willie Lee Cherry					Male	Jan. 29, 1979
1. RACE—(a) White, Black, American Indian, etc. (Specify)	AGE—Last birthday (Yrs, Mos, Days)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH	
Black	50			10/12/1928	Lake	
4. CITY, TOWN OR LOCATION OF DEATH	7b. HOSPITAL OR OTHER INSTITUTION—Name (If not in white, give street and number)		7c. SURVIVING SPOUSE (If wife, give maiden name)		7d. IF HOSP. OR INST. Indiana D.O.A. Op. 1-2-78. Im., Institution (Specify)	
Gary	Methodist Hospital		Married		Inpatient	
7b. STATE OF BIRTH (If not in U.S.A. Name & Country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12. WAS DECEASED EVER IN U.S. (Specify Yes or No)		
Mississippi	U.S.A.	Married		No		
8. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
		Janitor		Professional Maintenance Co.		
13. RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION	15. IS RESIDENCE ON A FARM? (Specify Yes or No)		
Indiana		Lake	Gary	No		
15a. STREET AND NUMBER		15b. CITY, TOWN OR LOCATION		15c. INSIDE CITY LIMITS (Specify Yes or No)		
817 Polk St.		Gary		Yes		
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
NO						
16a. FATHER—NAME		FIRST	MIDDLE	LAST	17. MOTHER—MAIDEN NAME	
James					Caroline	
16b. Priscilla Cherry		18a. 817 Polk St.		CITY OR TOWN	STATE	ZIP
Burial		Evergreen Cemetery		Gary	Indiana	Warren
19a. DATE (MONTH, DAY, YEAR)		19b. FUNERAL HOME—NAME AND ADDRESS		19c. LOCATION		
2/3/79		Guy & Allen Funeral Directors		Hobart, Indiana		
20b. NAME OF ATTENDING PHYSICIAN (Type or Print)		21a. (Signature)		21b. DATE SIGNED (Mo., Day, Yr.)		
Dr. David E. Ross		[Signature]		21c. HOUR OF DEATH		
21d. MAILING ADDRESS—PHYSICIAN		21e. (Street or R.F.D. No., City or Town, State, Zip)		21f. (Street or R.F.D. No., City or Town, State, Zip)		
2318 West 5th Ave. Gary, Indiana		21e. 817 Polk St. Gary, Ind.		21f. 2959 W. 11th Ave. Gary, Ind.		
23. IMMEDIATE CAUSE		23a. HEALTH OFFICER—SIGNATURE		23b. DATE RECEIVED BY LOCAL HEALTH OFFICER		
[Signature]		Dr. M. D. Caldwell, M.D.		FEB 9 1979		
23c. PART (a) DUE TO, OR AS A CONSEQUENCE OF		23d. PART (b) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in part (a)		23e. INTERVAL BETWEEN ONSET AND DEATH		
[Signature]		[Signature]		[Signature]		
23f. PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in part (a)		23g. (Specify Yes or No)		23h. (Specify Yes or No)		
[Signature]		No		No		

FILED

JUN 26 2008

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

SBH 06-003  
REV. 10/77