

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. **71 0566**

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

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

**CLENTON T. MAY Male April 19, 1971**

1. RACE **Negro** AGE—LAST BIRTHDAY (YEARS) **46** UNDER 1 YEAR NO. DAYS **5** UNDER 1 DAY HOURS MIN. **5** DATE OF BIRTH (MONTH, DAY, YEAR) **4-12-25** COUNTY OF DEATH **Lake**

4. CITY, TOWN, OR LOCATION OF DEATH **Gary** INSIDE CITY LIMITS (SPECIFY YES OR NO) **yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Methodist Hospital Gary, Indiana**

7. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Tennessee** CITIZEN OF WHAT COUNTRY **U. S. A.** MARRIED  NEVER MARRIED  SURVIVING SPOUSE  WIFE, GIVE MAIDEN NAME) **Fannie Mae**

8. SOCIAL SECURITY NUMBER \_\_\_\_\_ USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Steelworker** KIND OF BUSINESS OR INDUSTRY **U. S. Steel**

12. RESIDENCE—STATE **Indiana** COUNTY **Lake** CITY, TOWN OR LOCATION **Gary** INSIDE CITY LIMITS (SPECIFY YES OR NO) **yes** TOWNSHIP **Calumet**

14a. STREET AND NUMBER **1717 Taft. Street** 14b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 14c. IS RESIDENCE ON A FARM? **no**

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

**Raymond May Lela Hutch**

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

**Fannie Mae May Wife 1717 Taft St. Gary, Ind. 46407**

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) **Branch pneumonia** 2-Days

(b) **Metastatic Carcinoma** 4-6 Wks

(c) **Carcinoma of lungs** 1-Yr.

19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

16. YES  NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED

**April 19 1971 6:00 P.M. April 20 1971**

PHYSICIAN'S NAME (TYPE OR PRINT) SIGNATURE OF PHYSICIAN (SIGNATURE OR TITLE)

**William D. Lewis** **W.D. Lewis, M.D.**

22a. MAILING ADDRESS—PHYSICIAN STREET OR R. F. D. NO. CITY OR TOWN STATE ZIP

**4305 West 5th. Avenue Gary Indiana 46406**

BURIAL, CREMATION, REMOVAL CEMETERY, CREMATORY, FUNERAL HOME LOCATION

**Removal Local Jackson, Tennessee**

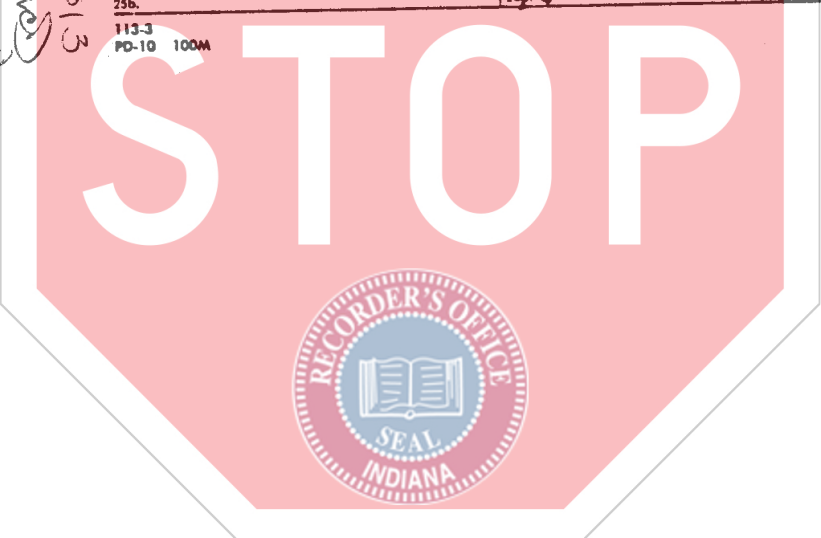
DISPOSITION DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP)

**April 22, 1971 Smith & Blazell 2205 West St. Gary, Ind. 46407**

HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

**W.D. Lewis APR 21 1971**

113-3 PD-10 100M



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

Below for State Office Use

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

REGISTRATION KATONIA AUG 18 2008

EMBALMER'S NAME **Benjamin B. [Signature]**

FUNERAL HOME No. **1526**

FUNERAL DIRECTOR'S LICENSE No. **2397**

DISPOSITION PERMIT ISSUED / /

PROVISIONAL CERTIFICATE  Yes  No

153075

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 057706

2008 AUG 13 AM 11:20

MICHAEL A. BROWN  
RECORDER

*Return to*  
INDIANA TITLE NETWORK COMPANY  
325 NORTH MAIN  
CROWN POINT, IN 46307  
*284181002-01*

*Want the address  
1717 East Street  
Gary, IN 46504*

*James J. [Signature]*  
CERTIFIED COPY  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE **DEC 14 1973**

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW.  
*Glenn K. [Signature]*  
*Colene K. [Signature]*

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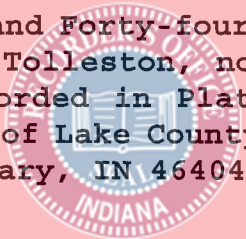


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**STOP**

Lots Forty-three (43) and Forty-four (44), in Block One (1), in Boulevard Addition to Tolleston, now in the City of Gary, as per plat thereof, recorded in Plat book 6, page 38, in the Office of the Recorder of Lake County, Indiana. Commonly known as 1717 Taft Street, Gary, IN 46404.



**HOLD** ITN