



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 210308

45-03-07-230-011-000-025

Form with fields for Decedent's Name (DOROTHY M. MASHURA), Maiden Name (BRZYCKI), Date of Death (AUGUST 20, 2008), Social Security Number (314-26-7065), Age (80), Date of Birth (NOVEMBER 25, 1927), Birthplace (HAMMOND, INDIANA), Cause of Death (Respiratory Arrest, metastatic Cancer of urinary bladder), and Certifying Physician (KANTILAL PATEL, M.D.).

STOP
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MICHAEL A. BROWN
RECORDER

2008 SEP 11 AM 10:07

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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