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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (I) po (Pain) ALEX ANDER STEMER, M.D. 7(1-45th. 57. MUISTER, IN. 4631) 31. HEALTH OFFICER'S SIGNATURE 37. DATE FILED (Month, Dev. Year) 33. MANNER OF DEATH 34a. DATE OF INJURY (Month, Day, Year) Natural Pending 10 - 23 - 06 10 - 23 - 06 11 - 23	-											
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					1	I		CO HE			1100	
		Investigation					21		0.0.		L" at	
34a. PLACE OF INJURY-At home, farm, street, factory, office 34f. LOCATION (Street and Number of Rural Rolls Number, City or Town, State)				24- 51 405 05 1111				A COLTION OF LITTLE	.Z & 700C.		1 000	
Homicide Determined JUL 29 2011 Oct.		Suicide C	ould not be			t, factory, office	1 34	,	mper of Knust Roftle Jan	mber, City or	upwn, State)	

349. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no)

1/4P PC/GYPPH DETINGA KATONA

LAKE COUNTY AUDITOR

1/1- 24177

054508

ATTENNER ESTATE: The Social Security # is