

108 07 27 39

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Local No. 131

RCS 21-1

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No

PERMANENT INK
SEE INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
HARRY J WOLFE MALE JULY 26, 1917

1. RACE 4. WHITE AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS) 60 UNDER 1 YEAR MO. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) 11/24/90 COUNTY OF DEATH ALLEN

7b. CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION (NAME) (IF NOT IN EITHER, ONE: STREET ADDRESS)
7b. FORT WAYNE YES 7c. VETERANS ADMINISTRATION HOSPITAL, 1600 Bandell Drive, Fort Wayne, IN

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED (NEVER MARRIED) DIVORCED (IF YES, GIVE DATE AND PLACE)
8. 11/24/90 MASS USA WIDOWED () DIVORCED ()

12. SOCIAL SECURITY NUMBER 13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14. KIND OF BUSINESS OR INDUSTRY
12. 300 07 27 39 13. Carpenter (Retired) 14.

15. RESIDENCE—STATE COLONY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) HOW LONG (MONTHS OR YEARS)
15. Indiana 16. Huntington Huntington 17.

14a. STREET AND NUMBER 14b. WAS DECEASED EVER IN U.S. ARMED FORCES (GIVE DATE AND PLACE)
14a. 2415 East Franklin Street 14b. Yes (Army) 1918-1919

15. FATHER—NAME FIRST MIDDLE LAST MOTHER—MARRIED NAME FIRST MIDDLE LAST
15. ? Wolfe (B) Christine Kurt (B)

16. INFORMATION—NAME RELATIONSHIP ADDRESS (CITY OR R.F.D. NUMBER, STREET, BOX, ZIP)
16. VA Hospital Records HUSBAND 1600 Bandell Drive, Fort Wayne, IN

17a. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE FOR EACH OF (1), (2), AND (3)) 17b. APPROXIMATE BEHAVIOR (1-5)
17a. Pulmonary edema 17b. 2

18. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral hemorrhage (c) Arteriosclerotic heart disease
18. (a) Pulmonary edema 18. (b) Cerebral hemorrhage 18. (c) Arteriosclerotic heart disease

19. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
19. (a) DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral hemorrhage (c) Arteriosclerotic heart disease

20. PART II. OTHER SIGNIFICANT CONDITIONS (GIVE DATE AND PLACE) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
20. Arteriosclerotic heart disease

21. DATE & TIME OF DEATH MONTH DAY YEAR HOUR DAY PERIOD (A.M. OR P.M.)
21. July 26, 1971 4:25 PM

22. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE
22. Bernard Schwartz, MD [Signature]

23. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY STATE ZIP
23. VA Hospital 1600 Bandell Drive, Fort Wayne, IN 46805

24. SERIAL, CREATION, REMOVAL (SPECIFY) 24a. Apostalic Lutheran Cong. 24b. Robbings Funeral Home
24. Burial 24a. Apostalic Lutheran Cong. 24b. Robbings Funeral Home

24c. DATE (MONTH, DAY, YEAR) 24d. Robbings Funeral Home
24c. August 1, 1971 24d. Robbings Funeral Home

24e. HEALTH OFFICER'S SIGNATURE 24f. DATE (MONTH, DAY, YEAR)
24e. [Signature] 24f. 8-3-71

24g. HEALTH OFFICER'S SIGNATURE 24h. DATE (MONTH, DAY, YEAR)
24g. [Signature] 24h. 8-3-71

24i. HEALTH OFFICER'S SIGNATURE 24j. DATE (MONTH, DAY, YEAR)
24i. [Signature] 24j. 8-3-71

24k. HEALTH OFFICER'S SIGNATURE 24l. DATE (MONTH, DAY, YEAR)
24k. [Signature] 24l. 8-3-71

24m. HEALTH OFFICER'S SIGNATURE 24n. DATE (MONTH, DAY, YEAR)
24m. [Signature] 24n. 8-3-71

24o. HEALTH OFFICER'S SIGNATURE 24p. DATE (MONTH, DAY, YEAR)
24o. [Signature] 24p. 8-3-71

24q. HEALTH OFFICER'S SIGNATURE 24r. DATE (MONTH, DAY, YEAR)
24q. [Signature] 24r. 8-3-71

24s. HEALTH OFFICER'S SIGNATURE 24t. DATE (MONTH, DAY, YEAR)
24s. [Signature] 24t. 8-3-71

FUNERAL HOME No. 315
FUNERAL DIRECTOR'S LICENSE No. 1420
EMBALMER'S NAME Dallas F Robbins
FURNACE SIGNATURE Dallas F Robbins