

PLACE OF DEATH
 County of Lake
 Township of North
 Town of Hammond
 City of Hammond

Indiana State Board of Health
 CERTIFICATE OF DEATH

1663
 Registered No. 52

If death occurs away from
 USUAL RESIDENCE
 give facts called for under
 "Special Information."

FULL NAME Anna Levandosky

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

COLOR OR RACE Female White
 SINGLE, MARRIED, WIDOWED OR DIVORCED Widow
 NAME OF HUSBAND OR WIFE Frank Mikotaitis
 DATE OF BIRTH 1881
 (Month) (Day) (Year)
 AGE 4 yrs. - months. - days
 IF LESS than 1 day, hrs. or min?
 OCCUPATION House wife at home
 1. Trade, profession, or particular kind of work
 2. General nature of industry, business, or establishment in which engaged (if employer)
 PLACE OF BIRTH Russia
 PLACE OF DEATH Russia
 NAME OF PHYSICIAN Marian
 PLACE OF USUAL RESIDENCE Russia

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1920
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Jan 20 1920 to Jan 27 1920
 that I last saw him alive on Jan 24 1920
 and that death occurred, on the date stated above, at 2:30 P.M.
 The CAUSE OF DEATH* was as follows:
General Exhaustion
Myocarditis
79 (Duration) yrs. mos. 15 ds.
 Contributory Neuroplegia
 (SECONDARY) (Duration) yrs. mos. 20 ds.
 (Signed) W. A. Buchanan, M. D.
127, 1920 (Address) Chicago
 *NOTE: (1) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 Informant Marie Levandosky
 (Address) Ind. Harbor Ind.
1-31 1920
W. A. Buchanan
 Name and Address of Health Officer or Deputy

PLACE OF BURIAL OR REMOVAL Hammond Ind.
 DATE OF BURIAL Jan. 29, 1920
 UNDERTAKER And. A. Mirmak
 WAS THE BODY EMBALMED? Yes
 ADDRESS Ind. Harbor Ind.
 EMBALMER'S LICENSE No. 1275