

**INDIANA STATE BOARD OF HEALTH**  
**MEDICAL CERTIFICATE OF DEATH**

70-021306  
State No. \_\_\_\_\_

Local No. 271-70

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

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

1. **LENNA BOYD** Female 3. **5-18-1970**

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH COUNTY OF DEATH

4. **white** 5a. **87** 5b. **08** 5c. **12** 5d. **1882** 7a. **Lake**

DECEASED 7b. **Gary** 7c. **no** 7d. **1680 W. 40th Ave.**

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

8. **Germany** 9. **USA** 10.  WIDOWED  DIVORCED  11.

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

13a. **Home maker** 13b.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. **Indiana** 14b. **Lake** 14c. **Gary** 14d. **no** 14e. **Calumet**

STREET AND NUMBER 14f. **1680 W. 40th Ave.** 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 14h. IS RESIDENCE ON A FARM? YES  NO

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

15. **Phillip Bingo** 16. **Julia Haycock**

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

17a. **Lola Arbogast** 17b. **Daughter** 17c. **1680 W. 40th Ave., Gary, Ind.**

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) **Bowel Obstruction** 1 week

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF:

(b) **Carcinoma sigmoid colon** 6+ months

CAUSE (c)

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES  NO  19g. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c. YES  NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. **May 18, 1970** **4:40 PM** 21a. **5 18 70**

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

22a. **T. L. DITTMER MD** 22b. **T. L. Dittmer MD**

M. D. OR D. O. MAILING ADDRESS—PHYSICIAN STREET OR R. F. D. NO. CITY OR TOWN STATE ZIP

23. **60 Jefferson Valparaiso Ind.**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. **Removal** 24b. **Independence** 24c. **Rich Hill, Mo.**

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

24d. **May 22, 1970** 25a. **Linton & McColly, Inc. 4286 Broadway, Gary, Indiana**

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. **A. J. [Signature]** 26a. **May 19, 1970** 26b.

SBH 6-24-2

200

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

Below for State Office Use

A 45

B 17

C 4521

D 1533

E 0

F 18

G 8

H 9

EMBALMERS NAME Rowland McColly

LICENSE No. 5123

FUNERAL HOME No. 244

FUNERAL DIRECTOR'S SIGNATURE Rowland McColly

FUNERAL DIRECTOR'S LICENSE No. 139

Disposition Permit issued 1/1

Provisional Certificate  Yes  No

## Indiana, U.S., Death Certificates, 1899-2011

### Record Index

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**Name:** Lenna Boyd  
**Maiden Name:**  
**Gender:** Female  
**Race:** White  
**Age:** 87  
**Marital Status:** Widowed  
**Birth Date:** 12 Oct 1882  
**Birth Place:** Germany  
**Death Date:** 18 May 1970  
**Death Place:** Gary, Lake, Indiana, USA  
**Father:** Phillip Bingo  
**Mother:** Julia Bingo

### Source Information

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**Record Url:** [https://www.ancestry.com/imageviewer/collections/60716/images/44494\\_351138-02106](https://www.ancestry.com/imageviewer/collections/60716/images/44494_351138-02106)

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Original data: Indiana State Board of Health. Death Certificates, 1900-2011. Microfilm. Indiana Archives and Records Administration, Indianapolis, Indiana.