311

PLACE OF DEATH

County of Jackson

Township of Redding

Town of

or

City of (No. , St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

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

Indiana State Board of Health

CERTIFICATE OF DEATH

Registered No. 10

FULL NAME Jane Sutton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

NAME OF HUSBAND OR WIFE (of deceased):

DATE OF BIRTH (of deceased): 3 (Month) 6 (Day) 1825 (Year)

AGE: 91 years, 10 months, 23 days. If LESS than 1 day, ...hrs. or ...min?

OCCUPATION (a) Trade, profession, or particular kind of work: House ~~Work~~ Work.

(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE OF DECEASED (State or country): Ohio

PARENTS

NAME OF FATHER: James Hulse

BIRTHPLACE OF FATHER (State or country): Verginia

MAIDEN NAME OF MOTHER: Jane Vanderwater

BIRTHPLACE OF MOTHER (State or country): Holland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Sutton

(Address) R F D Seymour

Filed Jan 30 1917 J W Kustead

Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 29 (Day) 1917 (Year)

I HEREBY CERTIFY, that I attended deceased from on Jan 28 1917 to Jan 29 1917 that I last saw her alive on Jan 28 1917 and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 6 hours ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) C A Hunter, M.D.

1-29, 1917 (Address) Seymour Ind R8

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or Usual Residence

PLACE OF BURIAL OR REMOVAL: Oak Grove Cemetery

DATE OF BURIAL: Jan 30 1917

UNDERTAKER: C W Kustead Co

WAS THE BODY EMBALMED? Yes

ADDRESS: Seymour

EMBALMER'S LICENSE NO. 106

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.