

PLACE OF DEATH.

County of Bartholomew
 Township of Sandwich
 Town of Elizabethtown or
 City of _____
 No. _____ St. _____
 Ward _____

Indiana State Board of Health.

Record Number 155

CERTIFICATE OF DEATH.

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

Full Name Robert Hulse

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White
 Single, Married, Widowed or Divorced, Married
 Name of Husband or Wife, Heila Hulse
 Date of Birth Aug. 15 1832
 Age 77 years, 3 months, 2 days.
 Occupation Laborer
 Birthplace Ohio
 (State or Country.)
 Place of Death Elizabethtown Ind
 Name of Father James Hulse
 Birthplace of Father Germany
 (State or Country.)
 Maiden Name of Mother Fane Sandwiter
 Birthplace of Mother Germany
 (State or Country.)

Date of Death Nov 17 1906
 Month. Day. Year.

I HEREBY CERTIFY, That I attended deceased from Oct 5 1906 to Nov 17 1906 that I last saw ~~him~~ alive on Oct 15 1906, and that death occurred on the date stated above, at 7 o'clock P. M. To the best of my knowledge and belief the cause of death was as follows:
 Chief Cause Senility
 Duration 2 weeks

Immediate Cause _____
 Duration _____
 (Signed) D. A. Thompson M. D.
Nov 8 1906 (Address) Elizabethtown

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS.

Former or usual Residence _____
 How long at Place of death _____ days
 Where was disease contracted if not at place of death?

Place of Burial or Removal Springer Cem. Proposed date of Burial Nov 19 1906
 Undertaker J. S. Summers Co. Address Columba Ind

Filed Nov 18 1906
David A. Thompson
 Health Officer or Deputy
 (Address) Elizabethtown Ind

The above stated personal particulars are true to the best of my knowledge and belief.

(INFORMANT) Fred. Hulse
 (Address) Columba Ind

(IF UNABLE TO ANSWER ANY OF THE ABOVE QUESTIONS, WRITE "UNKNOWN.")

Write plainly with unfading ink. This is a permanent record. This entire original to be mailed DIRECT to State Board of Health, at Indianapolis, not later than the 4th of each month.

RECEIVED IN THE STATE BOARD OF HEALTH, INDIANAPOLIS, INDIANA