

## PLACE OF DEATH

County of *Wabash*Township of *Noble*

Town of \_\_\_\_\_

City of \_\_\_\_\_ (No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME

*Sacriel Klingler*

Indiana State Board of Health.

## CERTIFICATE OF DEATH.

166

Registered No. *847*

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED OR DIVORCED *Widower*

NAME OF HUSBAND OR WIFE *Unknown*

DATE OF BIRTH *June 10 1836*  
Month (Day) (Year)

AGE *77* years, *5* months, *6* days  
IF LESS than 1 day, ..... hrs. or ..... min.?

OCCUPATION *None*  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE OF DECEASED *Ohio*  
(State or country)

NAME OF FATHER *Michel Klingler*

BIRTHPLACE OF FATHER *Penn.*  
(State or country)

MAIDEN NAME OF MOTHER *Rachial Widner*

BIRTHPLACE OF MOTHER *Penn.*  
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Chas Klingler*  
(Address) *Wabash Ind.*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Nov 16 1913*  
Month (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Sept 11 1913* to *1913*

that I last saw *living* alive on *Nov 14 1913*  
and that death occurred on the date stated above, at *4 P.M.*

The CAUSE OF DEATH was as follows:  
*Intestinal Aphthae*

Contributory (Secondary) \_\_\_\_\_  
(Duration) yrs. mos. ds.

(Signed) *G M Laballe M. D.*  
*11/16 1913* (Address) *Wabash*

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 *Hartford City Ind.* DATE OF BURIAL *Nov 18 1913*

UNDERTAKE \_\_\_\_\_ WAS THE BODY \_\_\_\_\_

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.

THE PHOTO ON THE REVERSE SIDE IS A TRUE  
COPY OF THE RECORD ON FILE WITH THE  
INDIANA STATE BOARD OF HEALTH

AUG -1 1980



*Annabelle Gough*  
Director, Division of Vital Records

Not valid unless machine signed with multi  
colored ribbon