

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
A DEAD BODY BURIED WITHOUT A PERMIT SHALL BE DISINTERRED AND INQUIRY HELD

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.

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**Indiana State Board of Health**  
**CERTIFICATE OF DEATH**

County of Delaware Registered No. 171  
Township of Liberty  
City of \_\_\_\_\_ (No. Del Co Inf 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")

\*FULL NAME Caroline Hass

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
*SEX <u>Female</u>	*Color or Race <u>White</u>	*Single Married Widowed or Divorced (Write the word) <u>Widow</u>	*DATE OF DEATH <u>1 - 21 - 1928</u> (Month) (Day) (Year)	
*NAME OF HUSBAND OR WIFE (of deceased) _____			I HEREBY CERTIFY, That I attended deceased from <u>1 - 14 - 1928</u> to <u>1 - 21 - 1928</u>	
*DATE OF BIRTH (of deceased) <u>Sept 8 1857</u> (Month) (Date) (Year)			that I last saw her alive on <u>1 - 19 - 1928</u>	
*AGE <u>76</u> years <u>4</u> months <u>13</u> days or _____ hrs. _____ min. If LESS than 1 day, _____ hrs. _____ min.			and that death occurred, on the date stated above, at <u>7:30</u> A.M.	
*OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u> <u>by</u> Contributory <u>General Arterio-sclerosis</u> (Duration) _____ yrs. _____ mos. _____ ds.	
*BIRTHPLACE OF DECEASED (State or country) <u>Ohio</u>			(Signed) <u>C. A. Jump</u> , M. D. <u>1 - 21 - 1928</u> (Address) <u>Delmar Ind</u>	
*NAME OF FATHER <u>John Whetstone</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SURGICAL or HOMICIDAL	
*BIRTHPLACE OF FATHER (State or country) <u>Ohio</u>			*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Record Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
*MAIDEN NAME OF MOTHER <u>Hannah Hecker</u>			Where was disease contracted, if not at place of death? Farmer or Usual Residence _____	
*BIRTHPLACE OF MOTHER (State or country) <u>Ohio</u>			*PLACE OF BURIAL OR REMOVAL <u>Reliance Co.</u>	
*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Hass</u>			DATE OF BURIAL <u>1/23-28</u>	
(Address) <u>Muncie Ind</u>			*UNDERTAKER <u>W. Weeks Inc</u>	
*Filed <u>JAN 25 1928</u>			WAS THE BODY EMBALMED? <u>yes</u>	
Name and Address of Health Officer or Deputy Commissioner <u>C. A. Jump M.D.</u> <u>Muncie Ind</u>			*ADDRESS <u>Muncie Ind</u>	
			EMBALMER'S LICENSE No. <u>24000</u>	