

FUNERAL DIRECTOR'S LICENSE No. 1440
MOTELER FATHER
EMERALD BEER NAME Hamilton B. Grant
LICENSE No. 3229

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Local No. 73
Registered No. 29627

1. PLACE OF DEATH:
County Hamilton
City or town Noblesville
(If outside city or town limits, write RURAL)
Street address, hospital, or institution:
Hamilton Co. Hospital
Stay in hospital or inst. (yrs. or mos., or days) 37 days
Stay in this community (yrs., or mos., or days) lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Indiana County Hamilton
City or town Noblesville RR # 3
(If outside city or town limits, write RURAL)
Street No. Co. Farm
(If rural give LOCATION)

3. (a) FULL NAME Christopher Robbins

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

MEDICAL CERTIFICATION

6. (b) Name of husband or wife

20. DATE OF DEATH Oct 12 1946, at 5:30 P.M.

7. Birth date of deceased (mo., day, yr.) April 6 1874

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/5/46 to 10/12/46 and that I last saw him alive on 10/12/46

8. AGE: Years 72 Months 6 Days 6 If less than one day

Immediate cause of death Arteriosclerosis

9. Birthplace Washington, Hamilton Co. Ind.

Due to

10. Usual occupation Laborer

Due to

11. Industry or business Co. Farm Innkeeper

Other conditions

12. Name Alva Robbins

(Include pregnancy within 3 months of death)

13. Birthplace Indiana

Major findings

14. Maiden name Kyzzie Thompson

Of operations

15. Birthplace Indiana

Of autopsy

16. Informant Alva Newcomer

22. VIOLENCE: If death was due to external causes, fill in the following:

17. Burial Date thereof 10-14-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Accident, suicide, or homicide Date of

Cemetery or crematory Crownland

Where did injury occur? (City or town) (County) (State)

Location Noblesville Indiana

Injured at home, farm, industry, public place (where?)

18. Funeral director Evans, Godby + Grant

Injured at work? Means of injury

Address Noblesville Indiana

23. SIGNATURE Robert F. Harris M.D.
M. D. or other

Filed _____, 19____ Health Officer

Address Noblesville Ind Date signed 10/14/46

DUKATION
PHYSICIAN
Please underline the cause to which death should be charged statistically.