

V. 18
 Every item of information should be carefully supplied. No one should be classified as "Special Information" for persons dying away from home; should be given in every instance.
 PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED.

'PLACE OF DEATH
 County Hamilton **STANDARD CERTIFICATE OF DEATH** Local No. 86
 Township of Noblesville **INDIANA STATE BOARD OF HEALTH** Registered No. 33804
 DIVISION OF VITAL STATISTICS

Town Noblesville or City Noblesville No. Hamilton Co. Hospital St. _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? yrs. ____ mos. ____ ds.
 'FULL NAME Betty Arlene Ross
 Residence: No. _____ St. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

'SEX Female 'COLOR OR RACE White 'Single, Married, Widowed or Divorced (write the word) Single

'NAME OF HUSBAND OR WIFE (of deceased) _____

'DATE OF BIRTH (of deceased) Nov. 14, 1939

'AGE 0 years 0 months 0 days If LESS than _____ day, _____ hrs or _____ min.

'Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 'Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 'Date deceased last worked at this occupation _____ 'Total time (years) spent _____

'BIRTHPLACE (State or country) Indiana

'FATHER 'NAME John Ross

'BIRTHPLACE (State or country) Ind

'MOTHER 'MAIDEN NAME Francis Clark

'BIRTHPLACE (State or country) Ind

'INFORMANT John Ross (Address) Fishers, Indiana

'PLACE OF BURIAL OR REMOVAL Courtesy Cem Date 11/15 1939

'UNDERTAKER Rand + Boddy, Noblesville, Ind ADDRESS _____

'WAS THE BODY EMBALMED? No EMBALMER'S LICENSE No. 1849

'Filed 11-14 1939 H. D. Hill Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

'DATE OF DEATH Nov. 14 1939
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1939 to Nov. 14 1939
 and that death occurred, on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Prematurity
 Other contributory causes of importance: 159

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

'If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

'Was disease or injury in any way related to occupation of deceased? _____

(Signed) H. D. Hill, M. D. 11/14, 1939 (Address) Noblesville