

CORONER'S CERTIFICATE OF DEATH
INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Local No. 293

Registered No. 17221

1. PLACE OF DEATH:

County Blackford
City or town Hartford City
(If outside city or town limits, write RURAL)
Street address, hospital, or institution
270 1/2 W. Washington St.
Stay in hospital or inst. (yrs., or mos., or days).....
Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:

State Indiana County Blackford
City or town Hartford City
(If outside city or town limits, write RURAL)
Street No. 270 1/2 W. Washington St.
(If rural give LOCATION)
2. (a) IF VETERAN, NAME WAR.....
2. (b) Social Security Number.....

3. (a) FULL NAME

Della May Worthen

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

7. Birth date of deceased (mo., day, yr.) May 3, 1873

8. (b) Name of husband or wife Thomas Worthen 6. (c) If alive, give age..... years

9. AGE: Years 73 Months 1 Days 21 if less than one day hrs. min.

10. Usual occupation Housewife

11. Industry or business.....

12. Name unknown

13. Birthplace.....

14. Maiden name unknown

15. Birthplace.....

16. Informant W. H. Murphy

Address Nance, Ind. R.R. #2

17. Burial Date thereof June 27, 1946
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory St. Mary's Cemetery

Location Albany, Indiana

18. Funeral director Clark, Leming & Weil

Address Hartford City, Indiana

Filed July 4, 1946 Johnnie M. ...
Health Officer

CORONER'S CERTIFICATION

20. DATE OF DEATH June 24, 1946 at 11:55 PM

21. I HEREBY CERTIFY that I took charge of the remains described above, held an inquest thereon (inquest autopsy or inquiry) and from the evidence obtained find that said deceased came to her death on the day stated above.

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

Rupture of Aortic Aneurysm
Other causes:

Major findings: 030

Of operations.....

Of autopsy.....

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

Accident, suicide, or homicide..... Date of.....

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

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

Injured at work? Means of injury.....

23. SIGNATURE Melvin L. Robbins
(Coroner or Coroner's Physician)

Address Montpelier Date signed 6/25-46

away from home should be given in every instance.
 PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED
 EMBALMER'S NAME Forhead, J. Fisher
 LICENSE NO. 584
 FUNERAL DIRECTOR'S LICENSE NO. 56