

Indiana State Board of Health

CERTIFICATE OF DEATH

PLACE OF DEATH
 County of Wabash
 Township of _____
 Town of Noble
 or
 City of Wabash

PUNCELO

(No. 494, N. Chestnut St., _____ Ward)

Registered No. 29216

[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 Charles Oscar Klingler

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Male</u>	Color or Race <u>White</u>	Single Married Widowed or Divorced (Write the word) <u>Married</u>	
NAME OF HUSBAND OR WIFE (of deceased) <u>Lewis Klingler</u>			
DATE OF BIRTH (of deceased) <u>11 - 9 1869</u> (Month) (Date) (Year)			
AGE <u>58</u> years <u>10</u> months <u>8</u> days or _____ min.?			
OCCUPATION (a) Trade, profession, or particular kind of work <u>Baker</u> (b) General nature of industry, business, or establishment in which employed (or employer)			
BIRTHPLACE OF DECEASED (State or country) <u>Indiana</u>			
PARENTS	NAME OF FATHER <u>Samuel Klingler</u>		
	BIRTHPLACE OF FATHER (State or country) <u>Ohio</u>		
	MAIDEN NAME OF MOTHER <u>Lida Hector</u>		
	BIRTHPLACE OF MOTHER (State or country) <u>Ohio</u>		

MEDICAL CERTIFICATE OF DEATH		
DATE OF DEATH <u>Sept 16</u> (Month) (Day) (Year)		
I HEREBY CERTIFY, That I attended deceased from <u>Aug 27</u> 19 <u>28</u> to <u>Sept 16</u> 19 <u>28</u> that I last saw him <u>alive</u> on <u>Sept 15</u> 19 <u>28</u> and that death occurred, on the date stated above, at <u>9 A.M.</u>		
The CAUSE OF DEATH* was as follows: <u>Hepatic carcinoma</u>		
Contributory (Secondary) <u>40</u> (Duration) _____ yrs. _____ mos. _____ da.		
(Signed) <u>W. S. Gordon</u> , M. D. <u>Sept 17</u> , 19 <u>28</u> (Address) <u>Cave Rd</u>		
*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. _____ da. In the State _____ yrs. _____ mos. _____ da. Where was disease contracted, if not at place of death? Former or Usual Residence _____		

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. Lewis Klingler
 (Address) Wabash Ind

Filed Sept 18 1928
Dr. J. Moore, Wabash Ind
 Name and Address of Health Officer or Deputy

PLACE OF BURIAL OR REMOVAL <u>Wabash Ind</u>	DATE OF BURIAL <u>9-18-1928</u>
UNDERTAKER <u>Romer E. Hoover</u>	WAS THE BODY EMBALMED? <u>Yes</u>
ADDRESS <u>Wabash Ind.</u>	EMBALMER'S LICENSE No. <u>1770</u>

A DEAD BODY BURIED WITHOUT A PERMIT SHALL BE DISINTERRED AND INQUEST 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.