

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.

PLACE OF DEATH

County of Madison
 Township of Jackson
 Town of _____
 or _____
 City of _____ (No. _____ St., _____ Ward)

Indiana State Board of Health

CERTIFICATE OF DEATH

37115

Registered No. _____

[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 Infant Isaac

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Female</u>	Color or Race <u>White</u>
MARRIAGE STATUS Single Married Widowed or Divorced (Write the word) <u>Single</u>	
NAME OF HUSBAND OR WIFE (of deceased) <u>None</u>	
DATE OF BIRTH (of deceased) <u>Dec 24 1925</u> (Month) (Date) (Year)	AGE If LESS than 1 day, hrs, or min. _____ years _____ months <u>2</u> days
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</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>Frank Isaac</u>
	BIRTHPLACE OF FATHER (State or country) <u>Ohio</u>
	MAIDEN NAME OF MOTHER <u>Nancy R. Rogers</u>
	BIRTHPLACE OF MOTHER (State or country) <u>Indiana</u>

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Dec 26 1925</u> (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from <u>Dec 24 1925</u> to <u>Dec 26 1925</u> that I last saw her alive on <u>Dec 25 1925</u> and that death occurred, on the date stated above, at <u>11:58</u> P. M.
The CAUSE OF DEATH* was as follows: <u>Infection birth</u>	
(Duration) _____ yrs. _____ mos. _____ da.	
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da.	
(Signed) <u>W. E. D. [Signature]</u> M. D. <u>Dec 30 1925</u> (Address) <u>Hartford City Ind</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) Frank Isaac
 (Address) Hartford City Ind
 Filed Dec 30 1925
J. A. Taylor
 Name and Address of Health Officer or Deputy

PLACE OF BURIAL OR REMOVAL <u>Pleasant Dale</u>	DATE OF BURIAL <u>Dec 31 1925</u>
UNDERTAKER <u>J. W. [Signature]</u>	WAS THE BODY EMBALMED? <u>No</u>
ADDRESS <u>Hartford City Ind</u>	EMBALMER'S LICENSE No. <u>1828</u>