

County, Monroe
Township, Bloomington
City, Bloomington

INDIANA
STATE BOARD OF HEALTH.

Health Officer's }
Record Number, }

Certificate and Record of Death.

Decedent's full Name Mrs Cora Hudrix

Date of Death,

MONTH.	DAY.	YEAR.
<u>Oct</u>	<u>31</u>	<u>1900</u>

This Blank to be filled by the Physician, if any; otherwise by Health Officer, Coroner or Householder.

MEDICAL CERTIFICATE OF DEATH.

I hereby certify that I attended the deceased from Oct 28 to Oct 31, that I last saw her alive on Oct 31, that she died on Oct 31 about 8:30 o'clock P.M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

Disease causing death? Pertussis Duration 5 days

Immediate cause of death? _____ Duration _____

Contributory causes or complications, if any? _____ Duration _____

Post-mortem

*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc.

WITNESS my hand this 15 day of Nov 1900
Signature of Physician, Coroner, Health Officer or Householder, } R. C. Rogers
Address, Bloomington

This Blank to be filled by householder or any competent person.

RECORD OF DEATH.

Full Name of Deceased Mrs Cora Hudrix Age, 35 Years. Months. Days.
Sex, Female Color, white

Residence; Bloomington City Monroe Co Single. Married. Widow
If in a city, give ward, street and number. Scratch out terms not wanted.

Occupation? Housekeeper Birthplace? Indiana
State or Country.

Place of Death? City, Monroe Co Father's name in full? John Baker
If in the country, give township.

Father's Birthplace? _____ Mother's maiden name in full? _____
State or Country.

Mother's Birthplace? _____ Date of Burial? Nov 2 1900
State or Country.

Place of Burial? Rose Hill Monroe Co Signature of Undertaker, J. M. Hunter

Reported by R. C. Rogers Address of Undertaker, Bloomington

Address, Bloomington Ind

sent DIRECT to State Board of Health, at Indianapolis, by the 5th of each month.