

Indiana State Board of Health.

PLACE OF DEATH
 County of Monroe
 Township of Van Buren
 OR
 Town of _____
 OR
 City of _____

CERTIFICATE OF DEATH.

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

(No. Stacey Kirby)

St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
 DATE OF BIRTH May 9th 1825
 (Month) (Day) (Year)
 AGE 82 years, 6 months, 21 days
 SINGLE, MARRIED,
 WIDOWED, OR DIVORCED Widowed
 NAME OF HUSBAND
 OR WIFE Wm M. A. Kirby
 BIRTHPLACE
 (State or Country) Virginia
 NAME OF
 FATHER Phillip Bunker
 BIRTHPLACE &
 OF FATHER
 (State or Country) Virginia
 MAIDEN NAME &
 OF MOTHER Susana Teff
 BIRTHPLACE &
 OF MOTHER
 (State or Country) Maryland
 OCCUPATION _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST
 OF MY KNOWLEDGE AND BELIEF

(Informant) W. B. Buzzard
 (Address) Bloomington

Filed Dec 24 1907 Otto F. Rogers
 Health Officer or Deputy.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 1 1907
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from
Aug 1st 1907 to Dec 1st 1907
 that I last saw her alive on Dec 1st 1907,
 and that death occurred on the date stated above, at 6-10
 A.M. The IMMEDIATE CAUSE OF DEATH was as follows:

Paralysis

(duration) _____ days

Contributory _____

(duration) _____ days

(Signed) I. J. Soume M. D.
Dec 2 1907 (Address) Bloomington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent
 Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted
 if not at place of death?

PLACE OF BURIAL OR REMOVAL

Elliotville

DATE OF BURIAL

Dec 3 1907

UNDERTAKER

R. A. Pauly

ADDRESS

Bloomington