

PLACE OF DEATH

County of Lake

Township of Calumet

Town of \_\_\_\_\_

City of Gary

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.")

Panhandle Indiana State Board of Health  
CERTIFICATE OF DEATH

14305

Registered No. 285

(No. Mercy Hospital St.; \_\_\_\_\_ Ward)

(If death occurred in a Hospital or Institution, give its NAME, instead of street and number.)

FULL NAME Violet L. Stibler

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
 NAME OF HUSBAND OR WIFE (of deceased) \_\_\_\_\_  
 DATE OF BIRTH (U.S. Government) Sept 21 1911  
 AGE 9 years, 7 months, 14 days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min?  
 OCCUPATION (a) Trade, profession, or particular kind of work Student  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE OF DECEASED (State or country) Stobart Ind.  
 NAME OF FATHER John Stibler  
 BIRTHPLACE OF FATHER (State or country) Pennsylvania  
 MAIDEN NAME OF MOTHER Martha Reichert  
 BIRTHPLACE OF MOTHER (State or country) Chicago, Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) John Stibler  
 (Address) Stobart, Ind.

Filed May 6, 1921  
A. Embrey, M.D.  
 Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1921  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 2 1921 to May 5 1921 that I last saw him alive on May 4 1921 and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH\* was as follows:  
10 Infectious enteritis  
(Influenza)  
 (Duration) \_\_\_\_\_ mo. \_\_\_\_\_ da.

Contributory Probable gall bladder infection  
 (SECONDARY) (Duration) \_\_\_\_\_ mo. \_\_\_\_\_ da.  
 (Signed) A. H. Verplanck, M. D.  
5/6/21, 19\_\_\_\_ (Address) Gary Ind.

\*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, TRAVELERS, OR RECENT RESIDENTS)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da.  
 Where was disease contracted, if not at place of death?  
 Former or Usual Residence Stobart - Ind.

PLACE OF BURIAL OR REMOVAL Brown Hill, Hobart DATE OF BURIAL May 7 1921

UNDERTAKER A. Wild. WAS THE BODY EMBALMED? Yes

ADDRESS Stobart, Ind EMBALMER'S LICENSE NO. 110