

Local No. **43**
43
14891
43

PLACE OF DEATH
 County Vermillion
 Incorporated Clinton
 Town Clinton
 or
 City _____
 No. Vermillion County Hospital St. _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 22 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.
 FULL NAME Grace Somes
 Residence: No. 1257 South Third Street St. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

*SEX Female	*COLOR OR RACE White	*Single, Married, Widowed or Divorced (write the word) Widowed
*If married, widowed, or divorced HUSBAND of (or) WIFE of John T Somes		
*DATE OF BIRTH (month, day and year) May 8 1871		
*AGE Years 65	Months 10	Days 27
*Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid		
*Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
*Date deceased last worked at this occupation About 7 Yrs Ago		*Total time (years) spent
*BIRTHPLACE (State or country) England		
*NAME Robert Gregson		
*BIRTHPLACE (State or country) England		
*MAIDEN NAME Mary Ann ?		
*BIRTHPLACE (State or country) England		
*INFORMANT Thomas Somes (Address) Clinton, Ind.		
*PLACE OF BURIAL OR REMOVAL Walnut Grove Cem. Date April 6 1937		
*UNDERTAKER FRIST FUNERAL HOME, INC. ADDRESS		
*WAS THE BODY EMBALMED? Yes	*EMBALMER'S LICENSE No. 3023	
*SIGNED Paul B Cascher, M.D. Health Officer of _____		

MEDICAL CERTIFICATE OF DEATH

*DATE OF DEATH
April 4 1937
 (Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from **April 1 1937** to **April 4 1937**
 and that death occurred, on the date stated above, at **6:30 A.M.**
 The principal cause of death and related causes of importance were as follows:
Ferocious anemia

Date of onset **Rpts**

Other contributory causes of importance: **71**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **70**

*If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

*Was disease or injury in any way related to occupation of deceased? **70**

(Signed) **Paul B Cascher, M.D.**
 _____, 19**37** (Address) **Clinton, Ind.**