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12

Indiana State Board of Health.

CERTIFICATE OF DEATH.

PLACE OF DEATH

County of Porter

Township of Portage

Village of
or
City of (No. St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

Registered No.

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Johannah Anderson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Sept (Month) 6 (Day) 1830 (Year)

AGE 79 years 3 months 25 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

NAME OF HUSBAND ~~OR WIFE~~ A. P. Anderson

BIRTHPLACE OF DECEASED (State or country) Sweden

NAME OF FATHER Carl Gustavson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION OF DECEASED —

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

(Informant) Edward Anderson

(Address) Hobart Ind

BURIAL PERMIT ISSUED BY R. C. Mackey Hobart

Name and Address of Health Officer or Deputy.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 1 (Day) 1910 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1909 to Jan 1, 1910 that I last saw her alive on Jan. 1, 1910 and that death occurred, on the date stated above, at 5 30 P. M. The CAUSE OF DEATH was as follows:

C[illegible]

(Duration) 5 days

Contributory Inflammation of bowels

(Duration) 3 days

(Signed) [illegible] Allen Otho Dobbins M. D.

Jan. 1, 1910 (Address) Wheeler, Ind

SPECIAL INFORMATION only for Hospitals, Institutions and Transients

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 Blake Cemetery Ind

DATE OF BURIAL Jan. 5 1910

UNDERTAKER Alvin Wild

No. OF LICENSE 110

ADDRESS Hobart Ind.

WAS THE BODY EMBALMED? yes