

PLACE OF DEATH

Indiana State Board of Health
CERTIFICATE OF DEATH

County of Franklin
Township of Hobart
Town of Hobart
or
City of _____ (No. _____) St.; Ward _____

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

Fannie Reichert

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

COLOR OR RACE M. SINGLE, MARRIED, WIDOWED OR DIVORCED W
Write the word

NAME OF HUSBAND OR WIFE Robert Reichert

DATE OF BIRTH Oct. 6 1853
(Month Day Year)

AGE 62 years, 2 months, 1 days If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE Germany
(State or country)

NAME OF FATHER F. Alensch

BIRTHPLACE OF FATHER Germany
(State or country)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER Germany
(State or country)

DATE OF DEATH Dec. 7, 1917
Month Day Year

I HEREBY CERTIFY, that I attended deceased from Dec. 1, 1917 to Dec 7, 1917, that I last saw her alive on Dec 6 1917 and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows: NO
Carcinoma of Stomach
(Duration) yrs. mos. ds.

Contributory (SECONDARY) _____
(Duration) yrs. mos. ds.
(Signed) Dr. A. O. Debbins M. D.
Dec 8, 1917 (Address) Wheeler, 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, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or Usual Residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant Fannie Reichert
(Address) _____

PLACE OF BURIAL OR REMOVAL Crown Hill, Hobart DATE OF BURIAL Dec 19 1917

UNDERTAKER Alvin Wild WAS THE BODY EMBALMED? Yes

BURIAL PERMIT ISSUED BY Dr. G. G. Brink
Name and Address of Health Officer or Deputy.

ADDRESS Hobart, Ind. EMBALMER'S LICENSE No. 110