

**INDIANA STATE BOARD OF HEALTH**  
Division of Vital Records  
**CORONER'S CERTIFICATE OF DEATH**

Local No. **497**  
 Death No. **10746**

|  |                             |   |                                       |
|--|-----------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Allen</b>  |                             | 7. USUAL RESIDENCE (Where decedent lived. If institution residence, list here) a. STATE <b>Indiana</b> b. COUNTY <b>Allen</b> |                                       |
| b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Ft. Wayne Indiana</b>                                |                             | c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>ft. Wayne Indiana</b>   |                                       |
| c. LENGTH OF STAY (in this place) <b>26 yrs.</b>   |                             | d. STREET ADDRESS (If rural, give location) <b>3025 Crescent</b>  |                                       |
| 4. NAME OF DECEASED (Type or Print) a. (First) <b>Truman</b> b. (Middle) <b>Frederick</b> c. (Last) <b>Hultz</b>   |                             | 4. DATE (Month) (Day) (Year) OF DEATH <b>4 16 52</b>  |                                       |
| 5. SEX <b>Ma.</b>  | 6. COLOR OR RACE <b>Wh.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>Sept. 17 1906</b> |
| 9. AGE (In years) <b>45</b>  |                             | 10. CITIZENSHIP (If under 1 year, list under 1 year; if under 24 hrs, list under 24 hrs) <b>U.S.A.</b>                        |                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>       |                             | 10b. KIND OF BUSINESS OR INDUSTRY <b>G.E. Co.</b>   |                                       |
| 11. FATHER'S NAME <b>James Hultz</b>   |                             | 12. MOTHER'S MAIDEN NAME <b>Mary Ann Mills</b>  |                                       |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> |                             | 14. SOCIAL SECURITY No. <b>Unknown</b>  |                                       |
| 15. INFORMANT (NAME AND ADDRESS) <b>Goldie Hultz 3025 Crescent Ave.</b>  |                             |   |                                       |

|   |   |  |
|---|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c).<br><br>*This does not mean the mode of dying, such as heart failure, suffocation, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sun shot wound 22</b>   | INTERVAL BETWEEN ONSET AND DEATH <b>few min.</b> |
|   | 2. ANTECEDENT CAUSES<br>Marked conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c)<br>3. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Caliber high temp<br/>no point hit<br/>Mental Case</b> |  |

|  |   |  |
|--|---|--|
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                       |
| 21a. ACCIDENT (Specify) <b>SUICIDE</b>   | 21b. PLACE OF INJURY (e.g., industrial, home, farm, factory, street, etc.) <b>Home</b>            | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Ft Wayne Allen Ind</b>                                |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR  |
| 22. I hereby certify that I took charge of the remains described above, held an inquest, autopsy, inquiry thereon and from evidence obtained find that said deceased came to death from causes stated at <b>5:00 P.M.</b> on the above date. |   | 23. Signature <b>H. J. Miller</b><br>Address <b>2809 Broadway</b><br>Date Signed <b>April 18, 1952</b> |

|   |  |  |                                    |
|---|--|--|------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>4/19/52</b>                         | 24c. NAME OF CEMETERY OR CREMATORY <b>Butler</b>                             | 24d. LOCATION <b>Butler Indian</b> |
| DATE RECD BY LOCAL HEALTH OFFICER <b>4/18/52</b>        | SIGNATURE OF HEALTH OFFICER <b>Walter E. ...</b> | 25. FUNERAL DIRECTOR ADDRESS <b>D.O. McComb &amp; Sons Ft. Wayne Indiana</b> |                                    |

FURNERAL DIRECTORS & EMPLOYERS