County, Parter INDIANA Township, Portage STATE 60ARD OF HEALTH. Health Officer's Number, STATE 60ARD OF HEALTH.
city, City, Certificate and Record of Death. NONTH. DAY. TRAR.
Decedent's full Name at F. Lewberg. Date of Death, DER 26 1849
This Blank to be filled by the Physician, if any; otherwise by Health Officer or Coroner.
MEDICAL CERTIFICATE OF DEATH.
I hereby certify that I sitended the deceased from DEC. 31999 DEC. 25 199that I
last saw her alive on 2 2 2 1 10 ie , that the died on 25 2 Die about 2-30 clock 2 M.
and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written 21
Disease causing death? Lulmoury Stoflery Duration 1849
Immediate cause of death? Arast Failure Duration 7 days.
Contributory causes or complications, if any? Pulluonia Duration 14 days.
Post-mortem na
In case of a Violent Death, state (1) mode of it.jury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc. WITNESS my hand this day of Signature of Physician, F. Signature of Physician, Coroner or Health Officer, Address, Valuation, Signature of Physician, Address, Valuation, Signature of Physician, Coroner or Health Officer, Signature of Physici
This Blank to be filled by householder or any competent person.
RECORD OF DEATH. Age, 41 Bounds. Days
Full Name of Deceased Synta +, Senberg Sexthung Color, While
Residence, Portage Township Botty Colley G. Single Married. Widow
Occupation? Herries wife Birthplace? Michigan City Des of
Place of Death? Portage township Father's name in full loke Raffelin any
Father's Birthplace? Hermany Mother's maiden name in full sudan
Mother's Birthplace? Kermany Date of Burial? Me. 27 1849
Place of Burial Mc Cool State or Contry Signature of Undertaker, alway World
Reported by John H. Lenbury Address of Undertaker, Hobart One
Address, Orisman, Ond.