

PLACE OF DEATH

County of Porter

Township of Portage

Town of _____

City of _____ (No. _____ St.; _____ Ward)

(If death occurred away from usual residence give both called for under "Special Information.")

Indiana State Board of Health.
CERTIFICATE OF DEATH.

186

Registered No. 182

FULL NAME Jacob Lenburg

(If death occurred in a hospital or institution give the NAME, NUMBER of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

DATE OF DEATH Oct. 2 1914
(Month) (Day) (Year)

NAME OF HUSBAND OR WIFE (of deceased) Anna Lenburg

HEREBY CERTIFY, that I attended deceased from July 19 1914 to Aug 12 1914

DATE OF BIRTH (of deceased) March 28 1833
(Month) (Day) (Year)

that I last saw him alive on Aug 12 1914 and that death occurred, on the date stated above, at 8 9 A.

AGE 82 years 6 months 5 days
IF LESS THAN 1 year, 1 day, 1 hr., 1 min., 1 sec.

THE CAUSE OF DEATH* was as follows:
Senility 172

OCCUPATION (a) Particular profession, particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

Contributory fracture of femur
(Secondary)

BIRTHPLACE OF DECEASED (State or country) Germany

(Signed) J. E. Watson M. D.
Oct 19 1914 (Address) Tolleston, Ind.

NAME OF FATHER Clara Lenburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSES SINCE (1) DEATH OF INJURY, AND (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

BIRTHPLACE OF FATHER (State or country) Germany

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR OTHER RESIDENTS)
At home of death _____ yrs. _____ mos. _____ ds. _____ hrs. _____ min. _____ sec.

MAIDEN NAME OF MOTHER Unknown

WHERE THE DECEASED RESIDED, IF NOT AT HOME OF DEATH, _____
GIVEN AT _____
Usual Signature _____

BIRTHPLACE OF MOTHER (State or country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John H. Lenburg (Address) _____

PLACE OF BURIAL OR REMOVAL McCool Cemetery

DATE OF BURIAL Oct. 5 1914

BURIAL PERMIT ISSUED BY W. E. C. Smith
TIME Oct. 3 1914

UNDERTAKER A. H. Red

WAS THE BODY EXAMINED? Yes

ADDRESS Robert, Ind.

LABORER'S LICENSE NO. 110