

PLACE OF DEATH

County of Porter
 Township of Portage
 Town of _____
 City of _____ (No. _____ St. _____ Ward _____)

Indiana State Board of Health.

CERTIFICATE OF DEATH.

Registered No. 182

188

(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 Jacob Lenburg

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED 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 that I last saw him alive on Aug 12 1914 and that death occurred, on the date stated above, at 8:40 A.M. THE CAUSE OF DEATH* was as follows:

DATE OF BIRTH (of deceased) March 28 1838
 (Month) (Day) (Year)

AGE 82 6 months 5 days 1 day 1 day

Senility
Accident of falls
 Contributory Fracture of femur

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

(Signed) J. E. Watson
Oct. 10 1914 (Address) Tolleston, Ind.

BIRTHPLACE OF DECEASED (State or country) Germany

NAME OF FATHER Blans Lenburg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

*State the DISEASE CAUSING DEATH, or, in death from VIOLENCE, CAUSE AND (1) KIND OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TUBERCULAR RESORTS OR RESIDENTS) nowhere
 At place of death _____ yrs. _____ mos. _____ wk. _____ day
 Where and cause contracted, if not at place of death / _____
 Period of _____
 Usual Residence _____

BURIAL PERMIT ISSUED BY W. E. E. Smith

PLACE OF BURIAL OR REMOVAL Mc Cool Cemetery DATE OF BURIAL Oct. 3 1914

DATE Oct. 3 1914 Robert

UNDERTAKER A. H. Red WAS THE BODY EXAMINED? Yes

ADDRESS Robert EXAMINER'S LICENSE NO. 110