

Indiana State Board of Health
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Perth
Township of Adams
Town of _____
City of _____

Registered No. 173

(No. Ind. State Tuberculosis; Hopward)

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 Louis Pupozo

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Single</u>
NAME OF HUSBAND OR WIFE <u>(None)</u>		
DATE OF BIRTH <u>Apr. 28 1892</u>		
AGE <u>24</u> years, <u>5</u> months, <u>1</u> days		
OCCUPATION <u>Laborer</u>		
BIRTHPLACE OF DECEASED <u>Roumania</u>		
NAME OF FATHER <u>Steve Pupozo</u>		
BIRTHPLACE OF FATHER <u>Roumania</u>		
MAIDEN NAME OF MOTHER <u>Veronica Benear</u>		
BIRTHPLACE OF MOTHER <u>Roumania</u>		

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Sept 29 1916</u>	
I HEREBY CERTIFY, that I attended deceased from <u>June 17 1916</u> to <u>Sept 29 1916</u> that I last saw him alive on <u>Sept 29 1916</u> and that death occurred, on the date stated above, at <u>11:30 A.M.</u>	
The CAUSE OF DEATH* was as follows: <u>pulmonary tuberculosis</u>	
Contributory <u>(None)</u>	
(Signed) <u>C. J. Stevens</u> , M. D. <u>Sept 29, 1916</u> (Address) <u>Rockville Ind</u>	
*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, TRAVELERS, OR RECENT RESIDENTS) At place of death <u>3</u> yrs. <u>17</u> mos. <u>17</u> ds. In the State <u>Ind.</u>	
Where was disease contracted, if not at place of death? <u>Usual Residence</u>	
Former or Usual Residence <u>25th + 4th Av Terre Haute Ind</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant George Gindler
Address Terre Haute Ind

PLACE OF BURIAL OR REMOVAL <u>Calvary Cem</u>	DATE OF BURIAL <u>Sept 29 1916</u>
UNDERTAKER <u>H.P. Martin</u>	WAS THE BODY EMBALMED? <u>yes</u>
ADDRESS <u>Terre Haute</u>	EMBALMER'S LICENSE NO. <u>V1115</u>

Name and Address of Health Officer or Deputy

7 29 1916