

PLACE OF DEATH.

County of Lake  
 Township of Hobart  
 Town of \_\_\_\_\_ or \_\_\_\_\_  
 City of \_\_\_\_\_  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Word \_\_\_\_\_

Indiana State Board of Health.

Record Number 260

CERTIFICATE OF DEATH.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

Full Name Edward Reichert

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White  
 Single, Married, Widowed or Divorced, } Widower  
 Name of ~~Husband~~ Zorath Reichert  
 Wife, Zorath Reichert  
 Date of Birth Oct. 2nd, 1825  
 Month. Day. Year.  
 Age 77 years, 6 months, 27 days.  
 Occupation Farmer  
 Birthplace Germany  
 (State or Country.)  
 Place of Death Lake Co. Ind.  
 Name of Father Gottlieb Reichert  
 Birthplace of Father Germany  
 (State or Country.)  
 Maiden Name of Mother Unknown  
 Birthplace of Mother Unknown  
 (State or Country.)

Date of Death April 29 1903  
 Month. Day. Year.

I HEREBY CERTIFY, That I attended deceased from Apr. 24 1903 to Apr. 25 1903 that I last saw him alive on Apr. 28 1903, and that death occurred on the date stated above, at 6:45 o'clock A. M. To the best of my knowledge and belief the cause of death was as follows:

Chief Cause Apoplexy of  
 Duration 3 days  
 Immediate Cause Asphyxia  
 Duration \_\_\_\_\_  
 (Signed) R.C. Mackey M.D.  
Apr 30 1903 (Address) Hobart Ind.

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS.

Former or usual Residence \_\_\_\_\_  
 How long at Place of death \_\_\_\_\_ days.  
 Where was disease contracted if not at place of death? \_\_\_\_\_

Place of Burial or Removal Hobart Ind. Proposed date of Burial May 1st, 1903

Undertaker Alvin White Address Hobart Ind.

Filed April 30 1903  
1012 Gordon  
 Health Officer or Deputy.

The above stated personal particulars are true to the best of my knowledge and belief.

INFORMANT) Robert Reichert  
 (Address) Hobart Ind.

(IF UNABLE TO ANSWER ANY OF THE ABOVE QUESTIONS, WRITE "UNKNOWN.")