

PLACE OF DEATH

Latter
Stobart
Stobart

Indiana State Board of Health 17689

CERTIFICATE OF DEATH

Registered No. _____

St.;

Ward)

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

FULL NAME

Robert Reichert

PERSONAL AND STATISTICAL PARTICULARS

SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word.)

24

IF LEST THAN
100 yrs. → *18*
or → *18*

German

Germany
Edward Reichert

Germany
Pommes
Stensch

Germany

Am. Hitler
Stobart, Ind.

Car. Faulkner

Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

May 6 1919
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

May 1918 to May 5 1919

that I last saw him alive on *May 5 1919*

and that death occurred, on the date stated above, at *P. M.*

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

Contributory
(SECONDARY)

Acute Indigestion

(Signed)

W. E. Mackey, M. D.

May 7, 1919 (Address) Stobart

*State the DISEASE CAUSING DEATH, or, in cases from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or Usual Residence

PLACE OF BURIAL OR REMOVAL

Crown Hill.

DATE OF BURIAL

May 7 1919

UNDERTAKER

A. Schild.

WAS THE BODY EMBALMED?

Yes

ADDRESS

Stobart, Ind.

EMBALMER'S LICENSE No.

110