

PLACE OF DEATH

County of PorterTownship of Portage

Town of

City of

[If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information"]

FULL NAME

Mrs. Anna Leuberg

Indiana State Board of Health

CERTIFICATE OF DEATH

16857

PUNCHED 1

Registered No. 83

(No., St., Ward)

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>F</u>	Color or Race <u>W</u>	Single Married Widowed or Divorced <u>widow</u> (Write the word)	DATE OF DEATH <u>May 13</u> 19 <u>24</u> (Month) (Day) (Year)	
NAME OF HUSBAND OR WIFE (of deceased) <u>Jacob Leuberg</u>			I HEREBY CERTIFY, That I attended deceased from <u>May 13</u> 19 <u>24</u> , to <u>May 13</u> 19 <u>24</u> that I last saw h. alive on <u>May 13</u> , 19 <u>24</u> and that death occurred, on the date stated above, at <u>8:15 A.M.</u>	
DATE OF BIRTH (of deceased) <u>Nov 3</u> 18 <u>81</u> (Month) (Date) (Year)			The CAUSE OF DEATH* was as follows: <u>Acute intestinal obstruction,</u> <u>1096 B</u> (Duration) <u>2</u> yrs. <u>2</u> mos. <u>2</u> ds. Contributory <u>Myocarditis</u> (Secondary) (Duration) <u>3</u> yrs. <u>1</u> mos. <u>1</u> ds. (Signed) <u>Allen O. Dobbins</u> , M. D. <u>May 14</u> , 19 <u>24</u> (Address) <u>Valparaiso, Ind.</u>	
AGE <u>9 2</u> years <u>6</u> months <u>10</u> days		If LESS than 1 day, hrs. or min.?	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)			LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or Usual Residence	
BIRTHPLACE OF DECEASED (State or country) <u>Germany</u>			PLACE OF BURIAL OR REMOVAL <u>McCool Cemetery</u>	
PARENTS	NAME OF FATHER <u>unknown</u>		DATE OF BURIAL <u>May 16</u> 19 <u>24</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Germany</u>		UNDERTAKER <u>CW Bartholomew</u>	
	MAIDEN NAME OF MOTHER <u>unknown</u>		WAS THE BODY EMBALMED? <u>yes</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Denmark</u>			ADDRESS <u>Valparaiso, Ind.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
Informant <u>Mrs. A. Tofte</u>			EMERALM'S LICENSE No. <u>866</u>	
(Address) <u>Valparaiso Ind.</u>				
Filed <u>5-15</u> 19 <u>24</u> <u>Ed. DeWitt M.D.</u> Name and Address of Health Officer or Deputy				