INDIANA STATE BOARD OF HEALTH
Division of Vital Records

CERTIFICATE OF DEATH

Local No. 946
Death No. 30297

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED
FUNERAL DIRECTOR'S LICENSE No. 2335 — EMBALMER'S NAME Frank Spencer 95 LICENSE No. 2337

1. PLACE OF DEATH
a. COUNTY: Vigo
b. CITY OR TOWN (If outside corporate limits, write RURAL): Terre Haute
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Indiana
b. COUNTY: Vigo
c. CITY (If outside corporate limits, write RURAL OR TOWN): Terre Haute
d. STREET ADDRESS (If rural, give location): 1341 Ash 54 203

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) c. (Last) HAMILTON

4. DATE OF DEATH (Month) (Day) (Year): Sept 10 1955

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: May 3 1896
9. AGE (In years): 59 — If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Joseph Sykes
14. MOTHER'S MAIDEN NAME: Sarah Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No:
17. INFORMANT (NAME AND ADDRESS): Alexander Hamilton Terre Haute

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — Interval between onset and death: minutes
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4 2 21
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22a. ATTENDING PHYSICIAN
I certify that I attended the deceased from 9-7 1955 to 9-10 1955 and that death occurred at 12:40 P.M. from causes stated and on above date.

22b. HEALTH OFFICER
I certify that I investigated cause of death of deceased and find that death occurred at ..... M. from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer: W. G. Bannon M.D.
23b. ADDRESS: Terre Haute
23c. DATE SIGNED: 9/11/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/13/55
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION: Terre Haute

DATE REC'D BY LOCAL REGISTRAR OF HEALTH OFFICER:
SIGNATURE OF HEALTH OFFICER: Milton McRobbins
25. FUNERAL DIRECTOR: Thomas Funeral Home Inc
ADDRESS: Terre Haute, Indiana