

PLACE OF DEATH

County VigoTownship of Harrison

Town

OF City Terre Haute, Ind.

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

(CORONERS)

Local No. 341Registered No. 38185No. Snow Hill Mine. St.

(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.FULL NAME Bert SomesResidence: No. 1528 Maple Avenue. St.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White Single, Married, Widowed or Divorced (write the word) MarriedNAME OF HUSBAND OR WIFE (of deceased) GarnetDATE OF BIRTH (of deceased) December 26th 1893AGE 45 years 0 months 2 days If LESS than 1 day, hrs. or min.TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. MinerINDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Snow Hill

DATE DECEASED LAST WORKED AT THIS OCCUPATION: Total time (years) spent

BIRTHPLACE (State or country) IndianaFATHER NAME Joseph SomesFATHER BIRTHPLACE (State or country) IndianaMOTHER NAME UnknownMOTHER BIRTHPLACE (State or country) IndINFORMANT Mrs. Garnet Somes
(Address) 1528 Maple Avenue.PLACE OF BURIAL OR REMOVAL Cottage Hill Cem. Date 12-30-38 1938UNDERTAKER P. J. Ryan & Sons ADDRESS Terre HauteWAS THE BODY EMBALMED? Yes EMBALMER'S LICENSE No. 2521Filed 1-3-39 1939 J. D. McCarty, M.D.
Health Officer or Deputy

CORONER'S CERTIFICATE OF DEATH

DATE OF DEATH December 28, 1938
(Month) (Day) (Year)I HEREBY CERTIFY, that I took charge of the remains described above, held an Autopsy thereon and from (inquest, autopsy or inquiry)the evidence obtained by said Autopsy find that said deceased came to Nat death on the day stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis and fibrous myocarditisOther contributory causes of importance: 94

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? No(Signed) C. H. Van Arsdale M. D.(Coroner or Deputy Coroner) Dec. 28, 1938 (Address) Terre Haute