

DEATH in plain text, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

CERTIFICATE OF DEATH
STATE OF INDIANA
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Local No. 170

County Clinton
 Township of Clinton
 Town _____
 City Clinton No. 1257 South third St. 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 21 years. How long in U. S. if of foreign birth? _____ years _____ mos. _____ ds.
FULL NAME John Thomas Somes
 Residence: No. 1257 South Third St.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White Single, Married, Widowed or Divorced (write the word) Married
 NAME OF HUSBAND OR WIFE (if deceased) Mrs. Grace Somes
 DATE OF BIRTH (of deceased) June 25 1861
 AGE 75 years 6 months 5 days or _____ mos. _____ days
If LESS than 1 day, _____ hrs. _____ min.
 OCCUPATION
 Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Miner
 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mines
 Date deceased last worked at this occupation _____ Total time (years) spent _____
 BIRTHPLACE (State or country) New York
 NAME John T. Somes
 BIRTHPLACE (State or country) England
 MAIDEN NAME Janet Mc Crey
 BIRTHPLACE (State or country) Scotland
 INFORMANT Thomas Somes
(Address) Clinton, Ind.
 PLACE OF BURIAL OR REMOVAL Walnut Grove Cem. Date Dec 31 1936
 UNDER-TAKER FRIST FUNERAL HOME, INC. ADDRESS CLINTON, IND.
 WAS THE BODY EMBALMED? Yes EMBALMER'S LICENSE No. 3023
Dec 31 1936 P. A. Tuschner, M.D.
Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1936
(Month) (Day) (Year)
 I HEREBY CERTIFY, That I attended deceased from June 4 1935 to Dec 28 1936 and that death occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:
46
Hemorrhage from stomach (Carcinoma?)
Chronic myocarditis
 Other contributory causes of importance:
Operated 1935 for ruptured gall bladder 1 year
Chronic nephritis
 Name of operation gall bladder Date of operation June 1935
 What test confirmed diagnosis? autopsy Was there an autopsy? no
 If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____
 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? _____
 (Signed) [Signature] M.D.
Dec 29 1936 (Address) Clinton Ind.

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED.