

**CERTIFICATE OF DEATH
STATE OF INDIANA**

Local No. 116

PLACE OF DEATH

County Clay

**DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS**

Registered No. 30045

Township of Jackson

Town

City

No. _____ 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. 7 mos. 10 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME Joseph G. Somers

Residence: No. Jackson Twp St. _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OF RACE W Single, Married, Widowed or Divorced (write the word) Married

DATE OF DEATH Sept. 28, 1936
(Month) (Day) (Year)

NAME OF HUSBAND OR WIFE (of deceased) Sarah Somers

I HEREBY CERTIFY, That I attended deceased from Sept 21 1936 to Sept 26 1936

DATE OF BIRTH (of deceased) Sept. 22, 1865

and that death occurred, on the date stated above, at 69 M.

AGE 71 years 6 mos. 1 day. If LESS than 1 day, _____ hrs. _____ min.

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

OCCUPATION Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clay & Coal Miner
Date deceased last worked at this occupation _____ Total time (years) spent _____

Second - Hemiplegia of R. Side
Duration 4 1/2 hrs

BIRTHPLACE (State or country) Troy, N. Y.

Other contributory causes of importance: Parkinson Disease Duration 1 wk

MOTHER: FATHER NAME John Somers

BIRTHPLACE (State or country) England

MAIDEN NAME Un known

BIRTHPLACE (State or country) _____

INFORMANT Mrs Sarah Somers
(Address) 1 Knightville

PLACE OF BURIAL OR REMOVAL Cottage Hill Date Sept 30, 1936

UNDERCARRIAGE Moore & Son ADDRESS Brazil

WAS THE BODY EMBALMED? Yes EMBALMER'S LICENSE No. 1147

Was death due to external cause (violence) If 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?

FILED Sept 30 1936 Dr J Lambert
Health Officer of County

(Signed) J. J. Courneyer, Jr.
9-28-1936 (Address) 1200 1/2