

Indiana State Board of Health  
CERTIFICATE OF DEATH

7250

PLACE OF DEATH

County of Clay  
Township of Brazil

PUNCHED

Registered No. 21

Town of \_\_\_\_\_  
City of Brazil (No 205 E. Ridge St. 4 Ward)

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

[If death occurs away from USUAL RESIDENCE (See facts called for under "Special information")]

FULL NAME Mary Fredrick Urban

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F Color or Race W Single Married Widowed or Divorced M  
(Write the word)

NAME OF HUSBAND OR WIFE (of deceased) Fred Urban

DATE OF BIRTH (of deceased) March - 1 - 1852  
(Month) (Date) (Year)

AGE 73 years 16 months \_\_\_\_\_ days  
If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper.  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE OF DECEASED (State or country) Troy, New York.

NAME OF FATHER John T. Somes

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Jessie McCrea

BIRTHPLACE OF MOTHER (State or country) Scotland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Fred Urban Sr.  
(Address) Brazil Ind.

Med. Mar - 17 - 1925 Clay Co. Ind.  
Name and Address of Health Officer or Deputy Brazil, Ind.

DATE OF DEATH March - 17 - 1925  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 16 1925 to March 17 1925 that I last saw her alive on March 16 1925 and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH\* was as follows:

Acute myocardial infarction  
19 (Duration) yrs. 3 mo. \_\_\_\_\_ da.

Contributory Winnic Coma  
(Secondary) (Duration) yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da.

(Signed) Harry G. Dill, M. D.  
March 17 1925 (Address) Brazil Ind.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Cottage Hill Cem DATE OF BURIAL Mar - 19 1925

UNDERTAKER Lawson Undertaking WAS THE BODY EMBALMED? Yes

ADDRESS Brazil Ind. EMBALMER'S LICENSE No. 769