

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Marion
City or town Indianapolis 247
Street address, hospital, or institution 1124 E. New Street
Stay in hospital or inst. (yrs. or mos., or days) _____
Stay in this community (yrs. or mos., or days) 18 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) IX 3-5
State Indiana County DeWitt
City or town Clinton
Street No. 1230 (If rural give LOCATION) Clinton
2. (a) IF VETERAN, NAME WAR None

3. (a) FULL NAME

Thomas William Somes

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, ma/ied, widowed, or divorced Married

6. (b) Name of husband or wife Iola E. Somes 6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) April 20 1896

8. AGE: Years 51 Months 2 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Brazil, Ind. (Town, county and state)

10. Usual occupation Factory Labourer / 2

11. Industry or business _____

12. Name John Somes 13. Birthplace England

14. Maiden name Somes Grace May 15. Birthplace England

16. Informant Mr. Naomi Shurt (Daughter)

Address 1124 E. New Street

17. (Burial, cremation, or removal. Where) Burial Date thereof 7/17/47 (month) (day) (year)

Cemetery or cremator Clinton Location Clinton

18. Funeral director Funeral Home Co Address Clinton

Signature Gerald F. Kempf Health Officer

ATTENDING PHYSICIAN'S CERTIFICATION

19. Date of Death July 15 1947 at 3 A.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1947 to July 15 1947 and that I last saw him alive on midnight 7-14 1947

Immediate cause of death Acute Left Ventricular Failure

Due to hypertension

Due to 102 X - 077

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy _____

23. VIOLENCE: If death was due to external causes fill in the following: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____ Injured at work? _____ Means of injury _____

23. Signature Thad J. Richardson M. D. Attending Physician

Address 5730 E. Wash. Date signed 7-15-47

EMBALMER'S NAME Walter D. ... LICENSE NO. 4083 FUNERAL DIRECTOR'S LICENSE NO. 52

JUL 15 1947