

PLACE OF DEATH

STANDARD CERTIFICATE OF DEATH

Local No. 291
P. 25

County Clay

INDIANA STATE BOARD OF HEALTH

Registered No. 35874

Incorporated _____

DIVISION OF VITAL STATISTICS

Town _____

or City Brazil

No. 10 1/2 S Washington

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 Fred H. Urban

Residence: No. 10 1/2 S. Washington

St. _____

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Dec 15 1931
(Month) (Day) (Year)

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Urban

I HEREBY CERTIFY, That I attended deceased from Dec 12 1931 to Dec 15 1931 and that death occurred, on the date stated above, at 9:30 P.M.

DATE OF BIRTH (month, day and year) Sept 27 - 1848

AGE 83 Years 2 Months 17 Days If LESS than 1 day, _____ hrs. or _____ 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. Retired
Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
Date deceased last worked at this occupation _____ Total time (years) spent _____

Coronary occlusion Date of onset 12-12-31
81
Other contributory causes of importance: _____

BIRTHPLACE (State or country) Salom. Penn

FATHER NAME Unknown

FATHER BIRTHPLACE (State or country) "

MOTHER MAIDEN NAME "

MOTHER BIRTHPLACE (State or country) "

INFORMANT Fred Urban
(Address) 10 1/2 S Washington St

PLACE OF BURIAL OR REMOVAL Cottage Hill Date 12-15, 1931

UNDERTAKER Chas R. Shultz ADDRESS Brazil

WAS THE BODY EMBALMED? Yes EMBALLER'S LICENSE No. 1529

Filed 12-17 Ed. Guendrich Mussel
Health Officer or Deputy

Name of operation _____ Date of _____

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

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

Accident, suicide, or homicide? _____ Date of injury _____, 1931

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) J. T. Maurer M. D.
Dec 16, 1931 (Address) Brazil, Ind.