

PLACE OF DEATH

Indiana State Board of Health

CERTIFICATE OF DEATH

County of Monroe
 Township of Beaublossin
 Town of
 City of Ellettsville (No. R.F.W. #2 Sub. St. Ward)

Registered No. 30919

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

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

*FULL NAME Elizabeth Jane Hubbs

PERSONAL AND STATISTICAL PARTICULARS

*SEX Female *Color or Race White *Single Married Widowed or Divorced widow (Write the word)

*NAME OF HUSBAND OR WIFE (of deceased)

*DATE OF BIRTH (of deceased) Jan 12 1846
 (Month) (Date) (Year)

*AGE 80 If LESS than 1 day, hrs, or min.?
 years months days

*OCCUPATION (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)

*BIRTHPLACE OF DECEASED (State or country) Va.

PARENTS
 *NAME OF FATHER John Vaught
 *BIRTHPLACE OF FATHER (State or country) Va.
 *MAIDEN NAME OF MOTHER Elizabeth Nichols
 *BIRTHPLACE OF MOTHER (State or country)

MEDICAL CERTIFICATE OF DEATH

*DATE OF DEATH Sept 19 1926
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 31 1926 to Sept 19 1926 that I last saw her alive on Sept 18 1926 and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Acute Dysentery

14 (Duration) yrs. mos. 20 ds.

Contributory (Secondary)

(Signed) Charles K. Horn M.D.
Sept 19 1926 (Address) Ellettsville

*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Hubbs
 (Address) Ellettsville Ind

*Filed 10/4/26 by J. F. Lusadder M.D.
Bloomington, Indiana.
 Name and Address of Health Officer or Deputy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES 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. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?
 Former or Usual Residence

*PLACE OF BURIAL OR REMOVAL Chambersville DATE OF BURIAL Sept 21 1926

*UNDERTAKER Ernest G. Dore WAS THE BODY EMBALMED? yes

*ADDRESS Garret Ave? EMBALMER'S LICENSE No. 1909