

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Clay
City or town Knightsville
(If outside city or town limits, write RURAL)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State _____ County _____
City or town _____
(If outside city or town limits, write RURAL)
Street No. _____
(If rural give LOCATION)

3. (a) FULL NAME

Sarah H. Somes

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced W.

6. (b) Name of husband or wife _____
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 9 1870

8. AGE: Years 75 Months 3 Days 4 if less than one day
hrs. min.

9. Birthplace England
(Town, county and state)

10. Usual occupation _____

11. Industry or business Housekeeping

12. Name Mrs. Hutton

13. Birthplace England

14. Maiden name Wm. H. Hutton

15. Birthplace _____

16. Informant Sarah H. Somes

Address Knightsville, Ind.

17. Burial Date thereof Feb 16 1946
(burial, cremation, or removal, which?) (month, day, year)

Cemetery or crematory Cottage Hill

Location Brazil Ind.

18. Funeral director Wm. Moore & Son

Address Brazil Ind.

Filed Feb. 16 19 46 Robert M. Maurer M.D.
Health Officer

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 19 46 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 19 45, to Feb 13 19 46 and that I last saw her alive on Feb 13 19 46

Immediate cause of death Nephritis, Chronic
& Edema

DURATION

1 yr.

Due to _____

Due to 13!

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

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

Injured at home _____ in industry, public place (where?) _____

Injured at work? _____ Means of injury _____

23. SIGNATURE [Signature] M. D. or other _____

Address Brazil Ind. Date signed 10-2-46

EMBALMER'S NAME Robert Maurer
LICENSE No. 7560
FUNERAL DIRECTOR'S LICENSE No. 1117