

PLACE OF DEATH.
 County of Gasper
 Township of _____
 Town of _____ or
 City of _____
 No. _____ St.
 Ward.

Indiana State Board of Health.

Record Number

CERTIFICATE OF DEATH.

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

Full Name Mariana Jane Blake

PERSONAL AND STATISTICAL PARTICULARS.

Sex Female Color White
~~Single~~ Married, Married
~~Widowed or Divorced,~~
 Name of Husband or Wife, Isaac Blake
 Date of Birth Feb 27 1834
 Month. Day. Year.
 Age 71 years, 11 months, 4 days.
 Occupation _____
 Birthplace Indiana
 (State or Country.)
 Place of Death Remington Ind
 Name of Father Frank Brown
 Birthplace of Father Virginia
 (State or Country.)
 Maiden Name of Mother Blanche Jordan
 Birthplace of Mother Ireland
 (State or Country.)

MEDICAL CERTIFICATE OF DEATH.

Date of Death Feb 12 1903
 Month. Day. Year.

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1903, to Feb 1, 1903
 that I last saw her alive on Feb, 1903, and that death occurred on the date stated above, at 11 o'clock A. M.
 To the best of my knowledge and belief the cause of death was as follows:

Chief Cause Bronchitis Pneumonia

Duration 2 or 3 days

Immediate Cause Heart Dilatation

Duration 2 years

(Signed) D. J. Hartman M. D.,

Feb 3 1903 (Address) Remington, Indiana

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS.

Former or usual Residence _____

How long at Place of death _____ days.

Where was disease contracted if not at place of death?

Place of Burial or Removal _____ Proposed date of Burial _____

Undertaker _____ Address _____

190

Filed _____ 190

Health Officer or Deputy.

(Address) _____

The above stated personal particulars are true to the best of my knowledge and belief.

(INFORMANT) Nathaniel P. Blake

(Address) Remington, Ind

(IF UNABLE TO ANSWER ANY OF THE ABOVE QUESTIONS, WRITE "UNKNOWN.")