[SEE OTHER SIDE]

68

Indiana State Board of Health.

CERTIFICATE OF DEATH.

Registered No.

PLACE OF DEATH

County of Newton

Township of Jefferson

Village of

or

City of Kentland (No. , St.; Ward)

(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 Abigail Lorton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Jan (Month) 13 (Day) 1832 (Year)

AGE 78 years. 4 months. 9 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

NAME OF HUSBAND OR WIFE A D Babcock 1st. M E Jordon 2nd

BIRTHPLACE OF DECEASED (State or country) Preble County Ohio

NAME OF FATHER William Cliff

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Hannah Morrison

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) W J Burbison

(Address) Kentland Ind.

BURIAL PERMIT ISSUED BY W M Campbell

Kentland Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 22 (Day) 1910 (Year)

I HEREBY CERTIFY, That I attended deceased from May 28 1909 to May 22 1910 that I last saw h alive on Oct 23 1909 and that death occurred, on the date stated above, at 8 25 A. M. The CAUSE OF DEATH was as follows:

Paresis

Contributory Thrombosis? DURATION 2 yrs

(Signed) W M Campbell M. D.

5-22-1910 (Address) Kentland

SPECIAL INFORMATION only for Hospitals, Institutions and Transients

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 Kentland, Ind. DATE OF BURIAL May 23 1910

UNDERTAKER E. F. Reed NO. OF LICENSE 477

ADDRESS Kentland Ind. WAS THE BODY EMBALMED? Yes

A DEATH CERTIFICATE SHOULD BE FILLED OUT IMMEDIATELY AFTER DEATH HAS OCCURRED.

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.