

## PLACE OF DEATH.

County of La PorteTownship of Lunesee

Town of \_\_\_\_\_ or \_\_\_\_\_

City of \_\_\_\_\_

No. \_\_\_\_\_, \_\_\_\_\_ St.

Ward \_\_\_\_\_

## Indiana State Board of Health.

Record Number 26880

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

## CERTIFICATE OF DEATH.

Full Name Chas. B Vermilyer

## PERSONAL AND STATISTICAL PARTICULARS.

Sex Male Color WhiteSingle, Married, Widowed or Divorced, MarriedName of Husband or Wife, Kennet VermilyerDate of Birth March 15 1824  
Month. Day. Year.Age 78 years, 10 months, 23 days.Occupation FarmerBirthplace New York  
(State or Country.)Place of Death La Porte, Ind.Name of Father Jas VermilyerBirthplace of Father England  
(State or Country.)Maiden Name of Mother Not knownBirthplace of Mother Not known  
(State or Country.)

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

(INFORMANT) Nelson D. Vermilyer(Address) Mill Creek

## MEDICAL CERTIFICATE OF DEATH.

Date of Death 2 8 1903  
Month. Day. Year.I HEREBY CERTIFY, That I attended deceased from Feb. 6 1903, to Feb. 8 1903, that I last saw him alive on Feb. 7 1903, and that death occurred on the date stated above, at 10 o'clock A. M. To the best of my knowledge and belief the cause of death was as follows:Chief Cause Angina Pectoris  
Duration 3 daysImmediate Cause Paralysis of Heart  
Duration \_\_\_\_\_(Signed) A. Moore M. D.,  
Feb 9 1903 (Address) North Liberty

## 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 West Salem Proposed date of Burial Feb. 11-03Undertaker G. D. Base Address No Liberty 1903Filed Feb. 10th 1903J. N. Reese  
Health Officer or Deputy  
(Address) North Liberty