

359

Record Number

77

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

Indiana State Board of Health.

CERTIFICATE OF DEATH.

Full Name James Perry Worthen

PLACE OF DEATH.
 County of Madison
 Township of Richmond
 Town of _____ or
 City of Hartford City
 No. 307 E Water St.
4 Ward.

SUGGESTIONS TO PHYSICIANS RELATIVE TO STATEMENT OF CAUSES OF DEATH.

1. Write the name of the disease which caused the death. If the patient had pulmonary tuberculosis and died from hemorrhage of the lungs, write pulmonary tuberculosis as the disease causing death and pulmonary hemorrhage as the immediate cause.

Section 10 of the Health Law, as Amended by an Act Approved Feb. 7, 1899.

Write plainly with unfading ink. This is a permanent record. This entire original to be mailed DIRECT to State Board of Health, at Indianapolis, not later than the 4th of each month.

PERSONAL AND STATISTICAL PARTICULARS.

Sex Male Color White

Single, Married, Widowed or Divorced, Married

Name of Husband or Wife, Elizabeth Worthen

Date of Birth June 15 1880
 Month. Day. Year.

Age 84 years, 4 months, 7 days.

Occupation Retired

Birthplace Maryland
 (State or Country.)

Place of Death Hartford City

Name of Father Nicholas Worthen

Birthplace of Father England
 (State or Country.)

Maiden Name of Mother Elizabeth Spurling

Birthplace of Mother Pa.
 (State or Country.)

MEDICAL CERTIFICATE OF DEATH.

Date of Death: Oct. 32 1904
 Month. Day. Year.

I HEREBY CERTIFY, That I attended deceased from October 30 1904, to October 31 1904 that I last saw her alive on Oct 31 1904, and that death occurred on the date stated above, at 3 o'clock A. M. To the best of my knowledge and belief the cause of death was as follows:

Chief Cause hematoma of stomach
 Duration 2 days

Immediate Cause Angina pectoris
 Duration 15 minutes

(Signed) P. L. Smith M. D.,
Oct. 34 1904 (Address) Hartford City

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

Former or usual Residence _____

How long at Place of death _____ days.
 Where was disease contracted if not at place of death? _____

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

(INFORMANT) Eliz. Worthen
 (Address) Hartford City.

Place of Burial or Removal Hartford City Proposed date of Burial October 30 1904

Undertaker Mill Bate Address Hartford City

Filed Oct. 34 1904

P. L. Smith
 Health Officer of District
 (Address) Hartford City

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