

N. B.—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.

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED.

PLACE OF DEATH *Hamilton* Local No. *28*

County *Hamilton* STANDARD CERTIFICATE OF DEATH INDIANA STATE BOARD OF HEALTH Registered No. *7992*

Township of *Delaware* DIVISION OF VITAL STATISTICS

Town or City *R.R. # 5* No. *101* St.

(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred *10* yrs. How long in U. S. if of foreign birth? *10* yrs. *0* mos. *0* ds.

FULL NAME *James P. Mollenkopf* Residence: No. *# 5, Noblesville R.R. # 5* (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* Single, Married, Widowed or Divorced (write the word) *Married*

NAME OF HUSBAND OR WIFE (of deceased) *Riggie M. Mollenkopf*

DATE OF BIRTH (of deceased) *10 Dec 30 1859*

AGE *77* years *1* months *26* days If LESS than 1 day, *0* hrs. *0* min.

TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. *Farmer*

INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SICK MILL, SAW MILL, BANK, ETC.

DATE DECEASED LAST WORKED AT THIS OCCUPATION

TOTAL TIME (YEARS) SPENT

BIRTHPLACE (State or country) *Indiana*

FATHER NAME *George Mollenkopf*

FATHER BIRTHPLACE (State or country) *Indiana*

MOTHER MAIDEN NAME *Missie Kidwell*

MOTHER BIRTHPLACE (State or country) *Indiana*

INFORMANT *Mrs Riggie Mollenkopf* (Address) *R.R. # 5 Noblesville*

PLACE OF BURIAL OR REMOVAL *O. F. Lewis Oakland* Date *Feb 27 1937*

UNDERTAKER *Graves + Boddy Noblesville Ind* ADDRESS

WAS THE BODY EMBALMED? *yes* EMBALMER'S LICENSE No. *3229*

FILED *2-27-37* *Graves Frank* Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Feb 25th 1937* (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Dec 1931* to *Feb 1937*

and that death occurred, on the date stated above, at *8 P.M.*

The principal cause of death and related causes of importance were as follows:

*arteriosclerosis* Duration *10 yrs*

Other contributory causes of importance: *97*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

(Signed) *J. H. Allison* M. D. (Address) *Fishers, Ind*