

PLACE OF DEATH

County of Hamilton
 Township of Delaware
 Town of _____ or _____
 City of _____
 No. _____ St. _____
 Ward _____

Indiana State Board of Health.

Record Number 202

CERTIFICATE OF DEATH.

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

Full Name Sarah A. McShane

PERSONAL AND STATISTICAL PARTICULARS.

Sex Female Color white
 Single, Married, Widowed or Divorced, } Married
 Name of Husband or Wife, W. F. McShane
 Date of Birth Nov 20 1846
 Age 59 years, 7 months, 14 days.
 Occupation Home wife
 Birthplace Ohio
 (State or Country.)
 Place of Death Hamilton Co Jail
 Name of Father John A. Soubke
 Birthplace of Father Penn
 (State or Country.)
 Maiden Name of Mother Mary Baker
 Birthplace of Mother Penn
 (State or Country.)

MEDICAL CERTIFICATE OF DEATH.

Date of Death July 4 1906
 Month Day Year

I HEREBY CERTIFY, That I attended deceased from June 17 1906, to July 4 1906 that I last saw her alive on July 4 1906, and that death occurred on the date stated above, at 12:30 clock P M. To the best of my knowledge and belief the cause of death was as follows:

Chief Cause Dilatation of Heart

Duration 20 yrs

Immediate Cause Exhaustion

Duration _____

(Signed) F. B. Hendry M. D.,

July 5 1906 (Address) Cannel

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 _____

Leahy, Sindy, July - 6 - 06

Undertaker Hendry, Leahy & Co Address Millsville 190

Filed July 5 1906

F. B. Hendry

Health Officer or Deputy.

(Address) Cannel

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

(INFORMANT) John B. Soubke
 (Address) Baker's Corners

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

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 lung, the disease causing death is pulmonary tuberculosis as

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.

Section 10 of the Health Law, as Amended