

WRITE PLAINLY WITH INK. THIS IS A PERMANENT RECORD

A DEAD BODY BURIED WITHOUT A PERMIT SHALL BE CONSIDERED AN INQUEST MURDER

R. R.—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 many from home should be given in every instance.

PLACE OF DEATH

County of Delaware
Township of Liberty
Town of _____
City of _____

Indiana State Board of Health

CERTIFICATE OF DEATH

Registered No. 571

(No. Del Co Inf St. _____ Ward _____)

If death occurred in a Hospital or Institution, give the Month, Season of onset and Duration.

If death occurred at home, give cause calling for report (Special Information)

FULL NAME Caroline Stas

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|--|--|
| SEX <u>Female</u> | Color or Race <u>White</u> | Single, Married, Widowed or Divorced <u>Widow</u> |
| NAME OF HUSBAND OR WIFE (if deceased) _____ | | |
| DATE OF BIRTH (if deceased) <u>Sept 8 1851</u> | | |
| AGE <u>76</u> years <u>4</u> months <u>13</u> days | | |
| OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or social relationship in which employed (or equivalent) <u>Housewife</u> | | |
| PLACE OF BIRTH (State or country) <u>Ohio</u> | | |
| PARENTS | NAME OF FATHER <u>John Whitstone</u> | |
| | PLACE OF BIRTH OF FATHER (State or country) <u>Ohio</u> | |
| | MAIDEN NAME OF MOTHER <u>Hannah Stas</u> | |
| | PLACE OF BIRTH OF MOTHER (State or country) <u>Ohio</u> | |

I HEREBY CERTIFY, That I attended deceased Person
1-14-1928 to 1-21-1928
that I last saw her alive on 1-19-1928
and that death occurred, on the date stated above, at 7:30 A.M.
THE CAUSE OF DEATH was as follows:
Cerebral Hemorrhage
64

Contributory General Arteriosclerosis
(Specify)
(Signed) C. A. Jumper M.D.
1-21-1928 (Address Delaware Ind)

PLACE OF BIRTH OF DECEASED (State, County, Township, City, Town or Village)
At place of death Yes No Ind Ind Ind Ind
Where was disease contracted?
If not at place of death
Family or Usual Residence

PLACE OF BURIAL OR REMOVAL
Refugee Co.
UNDERSTAND
W. Whitstone
ADDRESS
Delaware Ind

DATE OF BIRTH
1-23-28
NAME AND ADDRESS OF NEXT OF KIN
21000

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE
(Signature) John H. Stas
(Address) Muncie Ind
JAN 26 1928
S. S. Jumper M.D.
Commissioner of Health