

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
A DEAD BODY BURIED WITHOUT A PERMIT SHALL BE DISINTERRED AND INQUEST HELD

M. 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		Indiana State Board of Health	
County of <u>Hamilton</u>		CERTIFICATE OF DEATH	4582
Township of <u>Jackson</u>		REGISTERED 2	Registered No. <u>76</u>
Town of _____	(No. _____ St., _____ Ward)		[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
City of _____			
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]		*FULL NAME <u>Jesse William Foulke</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
*SEX <u>Female</u>	*Color or Race <u>White</u>	*Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Write the word)	*DATE OF DEATH <u>Feb 9</u> 19 <u>03</u> (Month) (Day) (Year)
*NAME OF HUSBAND OR WIFE (of deceased) <u>Alvin Foulke</u>		I HEREBY CERTIFY, That I attended deceased from <u>Feb 5</u> 19 <u>03</u> to <u>Feb 9</u> 19 <u>03</u>	
*DATE OF BIRTH (of deceased) <u>October 23</u> 18 <u>77</u> (Month) (Date) (Year)		that I last saw her alive on <u>Feb 9</u> 19 <u>03</u>	
*AGE <u>55</u> years <u>3</u> months <u>16</u> days		and that death occurred, on the date stated above, at _____ M.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Maidservant</u> (b) General nature of industry, business, or establishment in which employed (or employer)		The CAUSE OF DEATH was as follows: <u>Endocarditis</u>	
*BIRTHPLACE OF DECEASED (State or country) <u>Hamilton Co</u>		78 (Duration) yrs. mos. 5 ds.	
*NAME OF FATHER <u>Jesse Melalam</u>		Contributory <u>Febrile dysentery</u>	
*BIRTHPLACE OF FATHER (State or country) <u>Henry Co.</u>		(Secondary) <u>1 year 7 mos.</u> (Duration) yrs. mos. ds.	
*MAIDEN NAME OF MOTHER <u>Alice Baker</u>		(Signed) <u>Ray C. Fisher</u> M. D.	
*BIRTHPLACE OF MOTHER (State or country) <u>Hamilton</u>		<u>Feb 10</u> , 19 <u>03</u> (Address) <u>Locadia</u>	
*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Alvin Foulke</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL	
(Address) _____		*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	
*FILED <u>3/11/03</u>		At place of death yrs. mos. ds. In the State yrs. mos. ds.	
Name and Address of Health Officer or Deputy <u>E. H. Lanchina</u>		Where was disease contracted, If not at place of death?	
		Former or Usual Residence _____	
		*PLACE OF BURIAL OR REMOVAL <u>Sheridan Co</u>	
		DATE OF BURIAL <u>Feb 12</u> 19 <u>03</u>	
		*UNDERTAKER <u>C. B. Harris</u>	
		WAS THE BODY EMBALMED? <u>Yes</u>	
		*ADDRESS <u>Cervio</u>	
		EMBALMER'S LICENSE No. <u>3342</u>	