

Form V. B. 2

## Indiana State Board of Health

### CERTIFICATE OF DEATH

20093

County of Hamilton  
 Township of Delaware  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Country (No. RR. Fishers St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information")

Registered No. 75

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

FULL NAME Laggiah Rollins

#### PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Marital Status Widow

NAME OF HUSBAND OR WIFE (of deceased) \_\_\_\_\_

DATE OF BIRTH (of deceased) Feb 2nd 1852  
 Month Day Year

AGE 80 years 6 months 10 days or \_\_\_\_\_ min.?  
 If LESS than 1 day, hrs. \_\_\_\_\_

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE OF DECEASED (State or country) Indiana

NAME OF FATHER Milton Tomlinson

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER Delia Hiatt

BIRTHPLACE OF MOTHER (State or country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Lizzie Mckenzie  
 (Address) RR. Fishers, Ind.

Filed Aug 13 1931  
Franklin M. Williams, Jr.  
 Name and Address of Health Officer or Deputy

#### CORONER'S CERTIFICATE OF DEATH

DATE OF DEATH Aug 12th 1931  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 30th 1931 to Aug 12th 1931  
 that I last saw her alive on Aug 12th 1931  
 and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH\* was as follows:  
Arterio-sclerosis  
81

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. H. Dyer, M. D.  
Aug 13th 1931 (Address) Fishers

\*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death?  
 Former or Usual Residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Chestnut Cem DATE OF BURIAL Aug 14 1931

UNDERTAKER James and Gladys WAS THE BODY EMBALMED? Yes

ADDRESS Noblesville, Ind. EMBALMER'S LICENSE No. 3058

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 A DEAD BODY BURIED WITHOUT PERMIT SHALL BE DISINTERRED AND INQUEST HELD  
 N. B.—Persons giving information should be carefully supervised. AGE should be stated EXACTLY. If the informant is a child, the age should be given in every instance.