

Federal Security Agency  
U. S. Public Health Service

# INDIANA STATE BOARD OF HEALTH

Local No. 6

Division of Vital Records

## CERTIFICATE OF DEATH

Registered No. 877

1. PLACE OF DEATH: Hamilton  
County Noble  
City or town Noblesville  
(If outside city or town limits, write RURAL)  
Street address, hospital, or institution Hamilton Co. Hospital  
Stay in hospital or inst. (yrs. or mos., or days) 1 mo.  
Stay in this community (yrs. or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Indiana County Hamilton  
City or town Rural  
(If outside city or town limits, write RURAL)  
Street No. 3rd St. N.E., Noblesville

3. (a) FULL NAME Frances Vermont Ross

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife John Ross  
6. (c) If alive, give age 34 years  
7. Birth date of deceased (mo., day, yr.) 4-15-15

8. AGE: Years 32 Months 9 Days 2 If less than one day hrs. min.

9. Birthplace Noblesville, Ind.  
(Town, county and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Pearlie Clark

13. Birthplace Hamilton Co., Indiana

14. Maiden name Myrtle Enoch

15. Birthplace Fortville, Indiana

16. Info: John Ross

Address ORR5 Noblesville, Ind.

17. Burial / Date thereof 1-21-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cremation Louery

Location Hamilton Co., Ind.

18. Funeral director Evans, Sedby & Trout

Address Noblesville, Ind.

Filed Jan 21 1948  
SBI 6-24-2 (46-100M)

ATTENDING PHYSICIAN'S CERTIFICATION  
20. Date of Death Jan 17, 1948, at 7:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9, 1947, to Jan 17, 1948, and that I last saw h. alive on Jan 17, 1948.

Immediate cause of death Starvation  
Due to Cerebral Hemorrhage

Due to Arteriosclerosis  
Vitaminosis

Other conditions 0918-099-084  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work? Means of injury

23. Signature [Signature] M. D.  
Attending Physician

Date signed 1-20-48

DURATION 6 months

1 yr.

1 yr.

1 yr.

1 yr.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

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

EMBALMER'S NAME Evans, Sedby & Trout  
LICENSE No. 3229

FUNERAL DIRECTOR'S LICENSE No. 1440

Given in every instance