PLACE OF DEATH. Indiana State Board of Health. Record Numbe Town of Like Of death occurred in a Hos-CERTIFICATE OF DEATH. pital or Institution, give its NAME instead of street and City of _ number.) Ward PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. Date of Leath O Month. Single, Married. Widowed or Divorced. I HEREBY CERTIFY. That I attended deceased from Name of Husband or Wife. that I last saw hamalive on July death occurred on the date stated above, at Zo'clock P. M. Date of Birth To the best of my knowledge and belief the cause of death was as follows: Chief Cause Branchia + Acar duses Duration 1 Thonths. Immediate Canse Duration SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS. Name of Father _ Former or usual Residence Birthplace of Father Countection How long at Place of death_ Where was disease contracted if not at place of death? Maiden Name of Mother. Birthplace of Mother Cozza Place of Burial or Removal Proposed date of Burial Address The above stated personal particulars are true to the best of my knowledge and belief. Health Officer or Deputy. (Address) (Address)