The "Special Information" for persons dying away from home should be given in every instance. ... study ... may ... properly classified.

Indiana State Board of Health
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Brown

Township of

Town of Nashville

City of .... (No. .... St., ... Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

Registered No. 67

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

FULL NAME Albert B. Stevens

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White

Single, Married, Widowed or Divorced (Write the word): Married

NAME OF HUSBAND OR WIFE (of deceased): Mary Stevens.

DATE OF BIRTH (of deceased): Dec (Month) 2nd (Date) 1866 (Year)

AGE: 58 years 10 months 2 days. If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION (a) Trade, profession, or particular kind of work: Wood worker
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE OF DECEASED (State or country): Indiana

PARENTS

NAME OF FATHER: John H. Stevens

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Albertine Schiet

BIRTHPLACE OF MOTHER (State or country): Switzerland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Stevens

(Address) Columbus

Filed Oct. 5 1925

J. A. Turner M.D.

Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 4 (Day) 1925 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 4 1925 to Oct 4 1925

that I last saw him alive on Oct 4 1925

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

64

(Duration) Instant ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Jas. A. Turner, M.D.

Oct 5 1925 (Address) Nashville Ind

*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: Garland Brook

DATE OF BURIAL: Oct 7 1925

UNDERTAKER: Hege & Flanigan

WAS THE BODY EMBALMED? yes

ADDRESS: Columbus

EMBALMER'S LICENSE No. 2440

G. B.

Doc# 1