

# Indiana, Death Certificates, 1899-2011 for John H

Certificate > 1910-1919 > 16

PLACE OF DEATH \_\_\_\_\_

Indiana State Board of Health. 231

CERTIFICATE OF DEATH.

Age \_\_\_\_\_

243

Registered No. \_\_\_\_\_

(No. 440 & Columbus St.) (Word) (If death occurred in a hospital or (or) in a nursing home, give the name of such institution.)

FULL NAME John H Stevens, Jr Stevens

**PHYSICAL AND STATISTICAL PARTICULARS**

SEX Male

RACE White

MARRIAGE STATUS Unmarried

DATE OF BIRTH 28 12 41 (Day) (Month) (Year)

PLACE OF BIRTH Ill

EDUCATION 5 1/2 (Years)

INDUSTRY None

RELIGION None

PREVIOUS ILLNESSES None

CAUSE OF DEATH None

DATE OF DEATH Jan 5 1915

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Jan 5 1915

I HEREBY CERTIFY THAT I attended deceased from Dec 17 1914 to Jan 2 1915

and that death occurred, on the date stated above, of 1 1/2 M.

THE CAUSE OF DEATH Acute hemorrhage

Certifying Physician [Signature]

(Address) [Address]

PLACE OF BURIAL OR REMOVAL So Park

DATE OF BURIAL Jan 5 1915

WAS THE BODY EMBALMED? Yes

EMBALMER'S LICENSE No. Doc # 1-16

NAME AND ADDRESS OF DEATH OFFICER OR REGISTRAR

J. J. [Signature]

[Address]

NAME AND ADDRESS OF DEATH OFFICER OR REGISTRAR

[Signature]

[Address]