

Albertine
~~Aberlat~~ Stevens
in the **Indiana, Death Certificates, 1899-2011**

Name:	Aberlat Stevens [Aberlat Schailt]
Gender:	Female
Race:	White
Age:	69
Marital status:	Married
Birth Date:	3 Aug 1844
Birth Place:	Switzerland
Death Date:	19 Mar 1914
Death Place:	Martinsville, Morgan, Indiana, USA
Father:	John Schailt
Spouse:	John H. Stevens

Source Citation

Indiana Archives and Records Administration; Indianapolis, IN, USA; *Death Certificates*; Year: 1910 - 1919; Roll: 14

Source Information

Ancestry.com. *Indiana, Death Certificates, 1899-2011* [database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2015.

Original data:

Indiana State Board of Health. *Death Certificates, 1900-2011*. Microfilm. Indiana Archives and Records Administration, Indianapolis, Indiana.



Indiana Archives and Records Administration

Description

Vital records are a cornerstone of family history research. Learn new details about your Hoosier ancestors in these Indiana death records dating back to 1899. [Learn more...](#)

© 2020, Ancestry.com

Doc# 8a

Indiana State Board of Health.

CERTIFICATE OF DEATH.

PLACE OF DEATH

County of *Morgan*
Township of *Washington*
Town of *Martinsville*
or
City of *Martinsville*

Registered No.

St.: Ward)

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

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

FULL NAME

Albertine Abstrat Stevens

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *White*
DATE OF BIRTH *Aug. 3 1844*
AGE *69* years, *7* months, *17* days
SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
NAME OF HUSBAND OR WIFE *John H. Stevens*
BIRTHPLACE OF DECEASED *Switzerland*
NAME OF FATHER *Dr. John Schmitt*
BIRTHPLACE OF FATHER *Switzerland*
MAIDEN NAME OF MOTHER *Unknown*
BIRTHPLACE OF MOTHER *Unknown*
OCCUPATION OF DECEASED *House wife*

MEDICAL CERTIFICATE OF DEATH

Date of Death *Mar 10 1914*
I HEREBY CERTIFY, That I attended deceased from *Mar 10 1914* to *Mar 19 1914*
that I last saw her alive on *Mar 15 1914*

and that death occurred, on the date stated above, at *4*
A. M. The CAUSE OF DEATH was as follows:
Broncho Pneumonia

Contributory (Duration) yrs. mos. *7* ds.
(Signed) *E. M. Sweet M. D.*
19 (Address) *Martinsville*

SPECIAL INFORMATION only for Hospitals, Institutions and Transients:

Former or Usual Residence How long at Place of Death? Days
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL *South Park* DATE OF BURIAL *Mar 21 1914*
UNDERTAKER *Wilhite & Son* No. OF LICENSE *845*
ADDRESS *Martinsville* WAS THE BODY EMBALMED? *Yes*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *John H. Stevens*
(Address) *Martinsville Ind*

FILED BY *[Signature]*
Name and Address of Health Officer or Deputy.
Filed *3 20 14*

CAUSE OF DEATH in plain terms, that it may be properly classified, and special information, for persons dying away from home should be given in every instance.