

1. Write the name of the disease which caused the death. If the patient had pulmonary tuberculosis, mention its form, stage, and character, yet all are frequently returned as "meningitis" only. Under this head, show three classes.

SUGGESTIONS TO PHYSICIANS RELATIVE TO STATEMENT OF CAUSES OF DEATH.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance. This entire original to be mailed DIRECT to State Board of Health, at Indianapolis, not later than the 4th of each month.

Indiana State Board of Health. 130

CERTIFICATE OF DEATH.

PLACE OF DEATH
 County of Marion
 Township of Leexter
 OR
 Town of _____
 OR
 City of Indianapolis (No. 1615 N. Ills St. _____ Ward _____)
(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")
 FULL NAME Margaret Cotten Shea
 Registered No. 2298
(If death occurred in a Hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR W.
 DATE OF BIRTH Aug 29 1906
(Month) (Day) (Year)
 AGE 1 years, _____ months, _____ days
 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 NAME OF HUSBAND OR WIFE _____
 BIRTHPLACE (State or Country) Indianapolis
 NAME OF FATHER Michael C. Shea
 BIRTHPLACE OF FATHER (State or Country) Ireland
 MAIDEN NAME OF MOTHER Margaret Cotten
 BIRTHPLACE OF MOTHER (State or Country) Brookville Indiana
 OCCUPATION _____
 THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
 (Informant) M. C. Shea
 (Address) 1615 N. Ills
 Filed SEP 2 1907
Eugene Buerer
 Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Aug 29 1907
(Month) (Day) (Year)
 I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 29 1907
 that I last saw her alive on Aug 29 1907
 and that death occurred on the date stated above, at 11
 M. The IMMEDIATE CAUSE OF DEATH was as follows:
Enteritis
Unknown (duration) _____ days
 Contributory Inanition (duration) _____ days
 (Signed) R. M. Edwards M. D.
Aug 31 1907 Address 405 E. 16.
 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
 Forme 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 Yochs Cross DATE OF BURIAL Sept. 2 1907
 UNDERTAKER Richard Blackwell ADDRESS _____