

PLACE OF DEATH.
 County of Warrick Indiana State Board of Health. Record Number 150
 Township of Stulton
 Town of _____ or _____
 City of _____
 No. _____ St. _____
 Ward. _____ Full Name John H Boyd

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

CERTIFICATE OF DEATH.

| PERSONAL AND STATISTICAL PARTICULARS. | MEDICAL CERTIFICATE OF DEATH. |
|--|---|
| Sex <u>Male</u> Color <u>White</u> | Date of Death <u>Nov 1</u> 190 <u>4</u> Month Day Year |
| Single, Married, Widowed or Divorced, } <u>Widowed</u> | I HEREBY CERTIFY, That I attended deceased from <u>Nov 28</u> 190 <u>3</u> , to <u>Nov 1</u> 190 <u>4</u> |
| Name of Husband or Wife <u>John H Boyd</u> | that I last saw him alive on <u>Nov 1</u> 190 <u>4</u> , and that death occurred on the date stated above, at <u>7</u> o'clock <u>P.</u> M. |
| Date of Birth <u>Aug 16</u> 18 <u>40</u> Month Day Year | To the best of my knowledge and belief the cause of death was as follows: Chief Cause <u>Dropsy</u> |
| Age <u>64</u> years, <u>2</u> months, <u>15</u> days. | Duration <u>15 mo's</u> |
| Occupation <u>Farming</u> | Immediate Cause <u>Pericarditis</u> |
| Birthplace <u>Indiana</u> (State or Country.) | Duration <u>4 mo's</u> |
| Place of Death <u>Warrick Co Ind</u> | (Signed) <u>Wesley W White</u> M. D., <u>Nov 2</u> 190 <u>4</u> (Address) <u>St Louis Sp Ind</u> |
| Name of Father <u>Thos Boyd</u> | SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS. |
| Birthplace of Father <u>Unknown</u> (State or Country.) | Former or usual Residence _____ |
| Maiden Name of Mother <u>Sarah Rickett</u> | How long at Place of death _____ days |
| Birthplace of Mother <u>Unknown</u> (State or Country.) | Where was disease contracted if not at place of death? _____ |
| The above stated personal particulars are true to the best of my knowledge and belief. | Place of Burial or Removal <u>Burial Chapel</u> |
| (INFORMANT) <u>Joe Billups</u> | Proposed date of Burial <u>Nov 2</u> |
| (Address) <u>St Louis</u> | Undertaker <u>J. C. Billups</u> |
| | Address <u>Terre Haute</u> 190 <u>4</u> |
| | Filed <u>11/3</u> 190 <u>4</u> |
| | <u>Muespradler</u> Health Officer or Deputy. (Address) <u>Terre Haute</u> |

(IF UNABLE TO ANSWER ANY OF THE ABOVE QUESTIONS, WRITE "UNKNOWN.")

SUGGESTIONS TO PHYSICIANS RELATIVE TO STATEMENT OF CAUSES OF DEATH.

1. Write the name of the disease which caused the death. If the patient had pulmonary tuberculosis and died from hemorrhage of the lungs, write pulmonary tuberculosis as the disease causing death and pulmonary hemorrhage as the immediate cause.

Section 10 of the Health Law, as Amended by an Act Approved Feb. 7 1899