

1. Write the name of the disease which caused the death. If the patient had pulmonary tuberculosis and died from

SUGGESTIONS TO PHYSICIANS RELATIVE TO STATEMENT OF CAUSES OF DEATH.

MARGIN RESERVED FOR BINDING.

Write plainly with unfading ink. This is a permanent record. This entire original to be mailed DIRECT to State Board of Health, at Indianapolis, not later than the 4th of each month.

PLACE OF DEATH:
 County of Boone **Indiana State Board of Health.** Record Number 13
 Township of York
 Town of _____ or _____
 City of _____
 No. _____ St. _____
 Ward. _____ Full Name Bachel B. Boyles

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

PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
Sex <u>Female</u> Color <u>White</u>	Date of Death <u>Dec 29</u> 190 <u>3</u> Month. Day. Year.
Single, Married, Widowed or Divorced, } <u>Married</u>	I HEREBY CERTIFY, That I attended deceased from <u>June</u> 190 <u>3</u> , to <u>Dec 27</u> 190 <u>3</u> that I last saw h <u>er</u> alive on <u>Dec 8</u> 190 <u>3</u> , and that death occurred on the date stated above, at <u>8</u> o'clock <u>P.</u> M. To the best of my knowledge and belief the cause of death was as follows: Chief Cause <u>Bright's disease Chronic</u> Duration _____
Name of Husband or Wife, <u>Wm Boyles</u>	
Date of Birth <u>Oct 29</u> 18 <u>91</u> Month. Day. Year.	Immediate Cause _____ Duration _____
Age <u>12</u> years, <u>2</u> months, _____ days.	(Signed) <u>Chas. Raymond</u> M. D., 190 <u>3</u> (Address) <u>Boone Ind</u>
Occupation <u>Housewife</u>	SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS. Former or usual Residence _____ How long at Place of death _____ days. Where was disease contracted if not at place of death? _____
Birthplace <u>Ind.</u> (State or Country.)	
Place of Death <u>Florence</u>	Place of Burial or Removal <u>Bethel</u> Proposed date of Burial <u>Dec 31</u> 190 <u>3</u>
Name of Father <u>Yemas. Boyd</u>	Undertaker <u>E. J. Raymond</u> Address <u>East Enterprise 1903</u>
Birthplace of Father <u>Ind.</u> (State or Country.)	Filed <u>Dec 31</u> 190 <u>3</u>
Maiden Name of Mother <u>Sarah A. Pickett</u>	<u>E. J. Raymond</u> Health Officer or Deputy.
Birthplace of Mother <u>Ind.</u> (State or Country.)	(Address) <u>East Enterprise</u>

The above stated personal particulars are true to the best of my knowledge and belief.

(INFORMANT) James Chase
 (Address) Florence Ind

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

Indiana, U.S., Death Certificates, 1899-2017

Record Index

Name: Rachel Bayles
Maiden Name: Boyd
Gender: Female
Race: White
Age: 12
Marital Status: Married
Birth Date: 29 Oct 1891
Birth Place: Indiana
Death Date: 29 Dec 1903
Death Place: York, Switzerland, Indiana, USA
Death Registration Date: 1903
Father: Tomas Royd
Mother: Sarah A Nicket
Spouse: Wm Bayles

Source Information

Record Url:

https://www.ancestry.com/imageviewer/collections/60716/images/45232_354313-01700

Source Citation:

Indiana Archives and Records Administration; Indianapolis, IN, USA; Death Certificates; Year: 1903; Roll: 11

Source Information

Ancestry.com.

Indiana, U.S., Death Certificates, 1899-2017

[database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2015.

Original data: Indiana State Board of Health. Death Certificates, 1900-2017. Microfilm. Indiana Archives and Records Administration, Indianapolis, Indiana.