

dispose of any human body shall be licensed by my health officer or health officer, and no such permit shall be issued in a certificate of death unless the death certificate has been delivered to him in compliance of death writing in suitable ink (or indelible pencil) and containing all the information required by the proper person. In the event of any burial or other disposal of a human body without a permit, the attending person, upon conviction, shall be liable to a fine of not more than five hundred dollars, and if the body is buried, the attorney of the county in which the illegal burial took place shall be liable to a fine of not more than one hundred dollars, or other equal penalty shall be levied or otherwise imposed by the health officer. Any person who shall violate any provision of this act shall be liable to a fine of not more than one hundred dollars, or other equal penalty shall be levied or otherwise imposed by the health officer. Any person who shall violate any provision of this act shall be liable to a fine of not more than one hundred dollars, or other equal penalty shall be levied or otherwise imposed by the health officer.

PLACE OF DEATH		Indiana State Board of Health	
County of <u>Madison</u>		CERTIFICATE OF DEATH	
Township of <u>Center</u>		19535	
Town of <u>Indianapolis</u>		Registered No. _____	
City of <u>Indianapolis</u> (No. <u>19</u> , <u>N Temple Ave St.</u> , <u>9</u> 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 <u>Edmond Hussey</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
"SEX" <u>Male</u>	"COLOR OR RACE" <u>white</u>	"SINGLE, MARRIED, WIDOWED OR DIVORCED" <u>widowed</u>	"DATE OF DEATH" <u>May 23 1920</u> (Month) (Day) (Year)
"NAME OF HUSBAND OR WIFE" (of Decedent) <u>Hannah Hussey</u>	"I HEREBY CERTIFY, that I attended deceased from <u>June 15 1920</u> to <u>May 23 1920</u> that I last saw him alive on <u>May 21 1920</u> and that death occurred, on the date stated above, at <u>5 P.M.</u>		
"DATE OF BIRTH" (of Decedent) <u>December 9 1835</u> (Month) (Day) (Year)	The CAUSE OF DEATH* was as follows: <u>Chronic Intestinal Nephritis</u>		
"AGE" <u>84</u> years, <u>4</u> months, <u>13</u> days	"IF LESS THAN 1 day, hrs. or min?"	"CONTRIBUTORY" <u>Chronic Myocarditis</u> (Secondary) (Duration) <u>6</u> yrs.	
"OCCUPATION" (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired</u>	(Signed) <u>Joe L. Coyne, M. D.</u> <u>May 24, 1920</u> (Address) <u>Indianapolis</u>		
"BIRTHPLACE OF DECEDENT" (State or country) <u>County Kerry Ireland</u>	*NOTE: (1) INCLUDE CAUSE OF DEATH, OR (2) DEATHS FROM VIOLENT CAUSES (State (1) NATURE OF INJURY, and (2) whether FATAL, SUICIDAL, or HOMICIDE).		
"NAME OF FATHER" <u>Peter Hussey</u>	"LENGTH OF RESIDENCE" (For Hospitals, Institutions, Transients, or Remedy Resorts) _____		
"BIRTHPLACE OF FATHER" (State or country) <u>County Kerry Ireland</u>	At place of death _____ in the State _____		
"MAIDEN NAME OF MOTHER" _____	Where was disease contracted, if not at place of death? _____		
"BIRTHPLACE OF MOTHER" (State or country) _____	Former or Usual Residence _____		
"THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE" (Informant) <u>Agnes Hussey</u> (Address) <u>19 N. Temple Ave</u>	"PLACE OF BURIAL OR REMOVAL" <u>St. Mary's</u>	DATE OF BURIAL <u>May 26 1920</u>	
"Filed" <u>May 23, 1920</u>	"UNDERTAKER" <u>Hennegand Runey</u>	WAS THE BODY ENBALMED? <u>Yes</u>	
MAY 24 1920 Name and Address of Health Officer or Deputy	"ADDRESS" <u>1084 N. 2nd St</u>	ENBALMER LICENSE NO. <u>1586</u>	

"Indiana, Death Certificates, 1899-2011," database and images, Ancestry.com, Edmond Hussey, image copy, citing Indiana Archives and Records Administration, Death Certificates, 1920, roll 10.