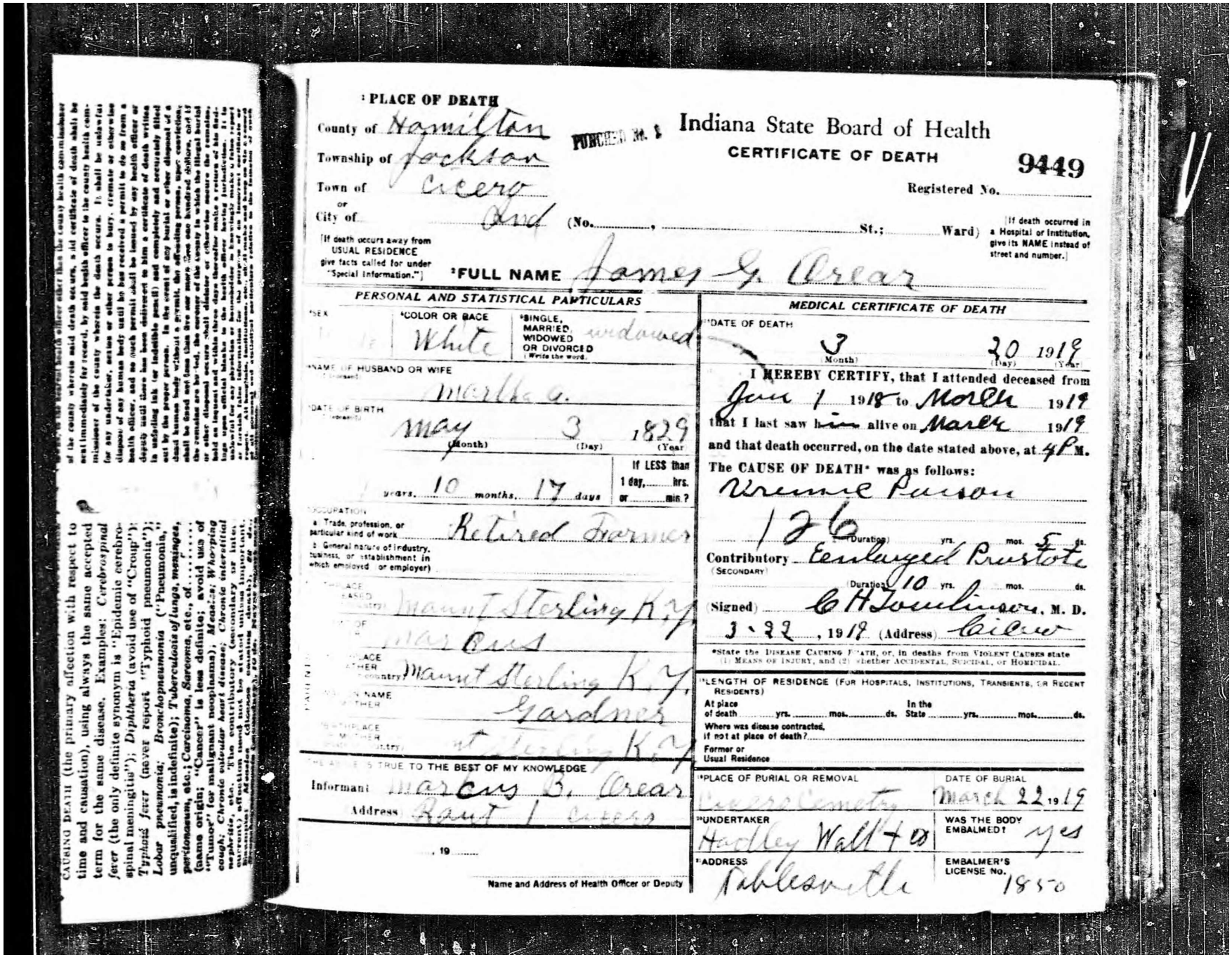

PLACE OF DEATH

County of Hamilton

Township of Jackson

Town of Cicero

or City of Ind

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

PUNCHED No. 1

Indiana State Board of Health

CERTIFICATE OF DEATH 9449

Registered No.

(No. , St.; Ward)

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

FULL NAME James G. Orear

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): widowed

NAME OF HUSBAND OR WIFE: Martha A.

DATE OF BIRTH: May (Month) 3 (Day) 1829 (Year)

If LESS than 1 day, hrs. or min.?

AGE: years. 10 months. 17 days

OCCUPATION

a. Trade, profession, or particular kind of work: Retired Farmer

b. General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE: Mount Sterling Ky

FATHER: Marcus

BIRTHPLACE FATHER: Mount Sterling Ky

MAIDEN NAME MOTHER: Gardner

BIRTHPLACE MOTHER: Mt Sterling Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: Marcus B. Orear

Address: Rout 1 Cicero

, 19

Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 3 (Day) 20 1919 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 1 1918 to March 1919

that I last saw him alive on March 1919

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Uremic Poison

1 2 6 (Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) Enlarged Prostate (Duration) 10 yrs. mos. ds.

(Signed) C H Tomlinson, M. D.

3-22, 1919 (Address) Cicero

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or Usual Residence

PLACE OF BURIAL OR REMOVAL: Cicero Cemetery

DATE OF BURIAL: March 22, 1919

UNDERTAKER: Hadley Wall & Co

WAS THE BODY EMBALMED? yes

ADDRESS: Tabbsville

EMBALMER'S LICENSE No. 1850

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges,* etc.; *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (*Bronchopneumonia*, 2 days); *Scarlet fever* (*Nephritis*, 5 days); *Pneumonia* (*Influenza*, 3 days).

DEATH WITHOUT MEDICAL ATTENDANCE. Where no physician was in attendance, the coroner or other official authorized by law to investigate the cause of death shall state the facts necessary to enable the State Board of Health to classify properly the disease causing death, and in such cases only the following diseases will be recognized: Apoplexy, Asphyxia, Bronchitis, Cancer, Childbirth, Convulsions, Debility, Dropsy, Drowning, Exposure, Fracture, Hemorrhage, Homicide, Injury, Jaundice, Old age, Pneumonia, Premature birth, Senility, Stillbirth, Suicide, Tetanus, Unknown, Violence.

BURIAL, CREMATION, REMOVAL PERMIT. The undersigned hereby grants permission for the burial, cremation or removal of the body described herein. Sexton or Superintendent of Cemetery will not open a grave or permit a body to be placed in a tomb until this permit has been delivered to him.

Signature of Local Registrar

Date of Permit, 19

REGISTRAR'S RECORD. Filed in my office, 19

Local Registrar