SUGGESTIONS TO PHYSICIANS RELATIVE TO STATE-
MENT OF CAUSES OF DEATH.

1. Write the cause 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.

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 Hamilton

Township of Adams

Town of [redacted] or

City of

No. ____, ____ St.

Ward.

Indiana State Board of Health

CERTIFICATE OF DEATH.

224
Record Number

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

Full Name Laura B Owens

PERSONAL AND STATISTICAL PARTICULARS.

Sex Female Color white

Single, Married, Widowed or Divorced, } married

Name of Husband or Wife, Squire M Owens

Date of Birth Feb 14 1862
Month. Day. Year.

Age 43 years, 10 months, ____ days.

Occupation Housekeeper

Birthplace Ind.
(State or Country.)

Place of Death Sheridan Ind.

Name of Father Lewis Underwood

Birthplace of Father Penna.
(State or Country.)

Maiden Name of Mother Sarah B Stratton

Birthplace of Mother Ind.
(State or Country.)

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

(INFORMANT) Squire Owens

(Address Sheridan Ind

MEDICAL CERTIFICATE OF DEATH.

Date of Death July 14th 1906
Month. Day. Year.

I HEREBY CERTIFY, That I attended deceased from March 30 1906, to July 14 1906, that I last saw her alive on July 14 1906, and that death occurred on the date stated above, at 11:30 o'clock P M.
To the best of my knowledge and belief the cause of death was as follows:

Chief Cause Tuberculosis Duration 4 mos

Immediate Cause Tuberculosis General Duration Not Known

(Signed) H. E. Dawson M. D.,

July 14 1906 (Address) Sheridan Ind

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?

Place of Burial or Removal	Proposed date of Burial
Crown View Cem	July 17 1906
Undertaker	Address
J G Cutrin	Sheridan Ind

Filed July 16 1906

H E Dawson
Health Officer or Deputy.

(Address) Sheridan Ind

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