

1. Write the name of the disease which caused death in their character, yet all are frequently the death. If this is not a local, common, or epidemic disease, the physician should state the name of the disease.

SUGGESTIONS TO PHYSICIANS RELATIVE TO STATEMENT OF CAUSES OF DEATH.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance. This - state required to be mailed DIRECT to State Board of Health, at Indianapolis, not later than the 4th of each month.

PLACE OF DEATH		Indiana State Board of Health. 377	
County of <i>Hamilton</i>	CERTIFICATE OF DEATH		
Township of <i>Adams</i>	Registered No. <i>137</i>		
OR Town of _____	City of _____		
FULL NAME <i>Sarah B Underwood.</i>			
PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH	
SEX <i>Female</i>	COLOR <i>White</i>	DATE OF DEATH <i>8 5 1908</i>	
DATE OF BIRTH <i>April 11 1833</i>	I HEREBY CERTIFY that I attended deceased from <i>March 1908 to Aug 5 1908</i>		
AGE <i>75 years 4 months 4 days</i>	that I first saw her alive on <i>July 27 1908</i>		
SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widow.</i>	and that death occurred on the date stated above, at <i>5</i>		
NAME OF HUSBAND OR WIFE _____	A.M. THE IMMEDIATE CAUSE OF DEATH was as follows:		
BIRTHPLACE (State or County) <i>Ohio</i>	<i>Senility</i>		
NAME OF FATHER <i>Wm Stratten</i>	<i>Intellectual infirmity</i>		
BIRTHPLACE OF FATHER (State or County) <i>Ohio.</i>	<i>inter-ocular, resulting from</i>		
MAIDEN NAME OF MOTHER <i>Basheba Brown</i>	<i>chronic degeneration, secondary to</i>		
BIRTHPLACE OF MOTHER (State or County) <i>Ohio</i>	<i>Quadriceps</i>		
OCCUPATION <i>House Keeper</i>	<i>Registered 870114 Higgins</i>		
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
(Informant) <i>Elmer Underwood</i>	SPECIAL INFORMATION as to location, institution, township, or Rural locality.		
(Address) <i>Sherriden's Mt. <i>W. Va.</i></i>	Name of Medical or Remedial _____		
<i>Sept 10 1908</i>	Date of Signing _____		
<i>W. Va.</i>	Name of Medical or Remedial <i>Sherriden's Mt. <i>W. Va.</i></i>		
	Name of Medical or Remedial <i>Sherriden's Mt. <i>W. Va.</i></i>		