

(SEE OTHER SIDE)

Indiana State Board of Health.

115

CERTIFICATE OF DEATH

PLACE OF DEATH

County *Marion*

Township of *Center*

Village of

or *Indianapolis* No. *Methodist Hosp*

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

FULL NAME *Olive Thomas Clay*

Registered No.

(Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR *White*

DATE OF BIRTH *Jan 24 1866*

AGE *45* years, *15* months, *18* days

SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

NAME OF HUSBAND OR WIFE *Joseph T. Clay*

BIRTHPLACE OF DECEASED (State or country) *Indiana*

NAME OF FATHER *John H. Thomas*

BIRTHPLACE OF FATHER (State or country) *Ind*

MAIDEN NAME OF MOTHER *Mary Davidson*

BIRTHPLACE OF MOTHER (State or country) *Indiana*

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) *Joseph T. Clay*  
(Address) *225 E. Michigan*

BURIAL PERMIT ISSUED BY *C. S. Woods*  
FEB 14 1911  
Name and Address of Health Officer or Deputy.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Feb 11th 1911*

I HEREBY CERTIFY, That I attended deceased from *Jan 27 1911* to *Feb 11 1911* that I last saw her alive on *Feb 10 1911* and that death occurred, on the date stated above, at *6 30*

A. M. The CAUSE OF DEATH was as follows: *angina pectoris*

Contributory *Uterine Fibromata*  
*Three years*  
(Signed) *Thos. B. Tobee* M. D.  
*19* (Address)

SPECIAL INFORMATION only for Hospitals, Institutions and Transients:

Former or Usual Residence *225 E. Michigan* How long at *14* Days  
Where was disease contracted, If not at place of death? *(Symbol)*

PLACE OF BURIAL OR REMOVAL *Crown Hill* DATE OF BURIAL *2-14-1911*

UNDERTAKER *A. M. Russell* NO. OF LICENSE *1244*

ADDRESS *231 Mass Ave* WAS THE BODY EMBALMED? *Yes*

from bacteria, since whether suicidal or logical...  
SUFFOCATION...  
SYNCOPE...  
TEETHING...  
TONSILLITIS...  
TUMOR...  
TUBERCULOSIS...  
TUMOR...  
ULCER...  
VIRUS...

Dr. Drayton is a fever syndrome, not a cause. In children die...  
GASTRIC FEVER...  
GANGRENE...  
HEART FAILURE...  
HEMORRHOIDAL HEMATEMESIS...  
HEMORRHOIDAL HEMATEMESIS...

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.