A DEAD BODY BURIED WITHOUT PERMIT SHALL BE DISINTERRED AND INQUEST HELD
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.

Li 2513

Form V. S. 2

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Local No.

CERTIFICATE OF DEATH

State Registered No. 12451

[1]PLACE OF DEATH

County of Marion

Township of Center

Town of Indianapolis
or
City of

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

(No. 1126, North Ulrich St., Ward)

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

[2]FULL NAME Martha Ann Tarkington Stewart

PERSONAL AND STATISTICAL PARTICULARS

[3]SEX: Female

[4]Color or Race: White

[5]Single, Married, Widowed or Divorced (Write the word): Widowed

[5a] NAME OF HUSBAND OR WIFE (of deceased): Daniel Stewart

[6] DATE OF BIRTH (of deceased): February 17 1836
Month Day Year

[7] AGE: 94 years 2 months 8 days

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

[8] OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE* OF DECEASED (State or country): Indiana

PARENTS

[10] NAME OF FATHER: Joseph Tarkington

[11] BIRTHPLACE* OF FATHER (State or country): North Carolina

[12] MAIDEN NAME OF MOTHER: Maria Stanson

[13] BIRTHPLACE OF MOTHER (State or country): New York

[14] Informant (Address): Charlotta Jessa Hughes 1015 E. 14th St. Indianapolis

Burial permit issued by APR 26 1930

[15] Filed ..... 19.....

Registrar Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: April 25 1930
(Month) (Day) (Year)

[17] I HEREBY CERTIFY, That I attended deceased from April 18 1930 to April 25 1930

that I last saw h.. alive on ..25.. 1930

and that death occurred, on the date stated above, at 10:20 A.M.

THE CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

94

(Duration) yrs. mos. ds.

Contributory (Secondary) Arthritis

(Duration) yrs. mos. ds.

(Signed) J. O. Ritchey, M. D.

April 26, 1930 (Address) 605 E. Ohio St. City

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal

[18] 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

[19] PLACE OF BURIAL OR REMOVAL: Crown Hill

DATE OF BURIAL: Apr. 29 1930

[20] UNDERTAKER: Kregelo Bailey

WAS THE BODY EMBALMED? Yes

[21] ADDRESS: City

EMBALMER'S LICENSE No. 39