

PLACE OF DEATH

Indiana State Board of Health.

286

CERTIFICATE OF DEATH.

County of *Wayne*

Township of *Canter*

Village of

City of

(No. ....)

St.: .....

Ward) .....

Registered No. *627*

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

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

FULL NAME *Richard Vanzant*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*  
 DATE OF BIRTH *Aug 18 1862*  
 Month Day Year

AGE *50* years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

*single*

NAME OF HUSBAND OR WIFE

BIRTHPLACE OF DECEASED (State or Country)

*Indiana*

NAME OF FATHER

*unknown*

BIRTHPLACE OF FATHER (State or Country)

*unknown*

MAIDEN NAME OF MOTHER

*Katie Vanzant*

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)

*E. N. Brownfield*

(Address)

*Canterville*

BURIAL PERMIT ISSUED BY

*J. A. King*  
 Name and Address of Health Officer or Deputy.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Aug 6 1912*  
 Month Day Year

I HEREBY CERTIFY, That I attended deceased from *Aug 1st 1912* to *Aug 6th 1912* that I last saw him alive on *Aug 6th 1912* and that death occurred, on the day stated above, at *9*

A. M. The CAUSE OF DEATH was as follows:

*Hemorrhage from the intestines from typhoid's ulcer.*

Contributory

(Signed)

*John M. Farris*  
 (Address) *Centerville*

SPECIAL INFORMATION only for Hospitals, Institutions and Transients:

Former or Usual Residence *Richmond* How long at Place of Death? Days  
 Where was disease contracted, if not at place of death? *Richmond Ind.*

PLACE OF BURIAL OR REMOVAL *Carthage Cemetery* DATE OF BURIAL *8-9-12*

UNDERTAKER *Wilson Polkney & Son* NO. OF LICENSE *164*

ADDRESS *Richmond Ind* WAS THE BODY EMBALMED? *yes*