

County, Fulton INDIANA  
 Township, Rochester STATE BOARD OF HEALTH. Health Officer's }  
 Record Number, } 7  
 Town or City, } Rochester Certificate and Record of Death.  
 Decedent's full Name Simon Stahl Date of Death, 

MONTH.	DAY.	YEAR.
<u>12</u>	<u>24</u>	<u>1899</u>

This Blank to be filled by the Physician, if any; otherwise by Health Officer or Coroner.

MEDICAL CERTIFICATE OF DEATH.

I hereby certify that I attended the deceased from April 1-1899 to Dec. 24-1899, that I last saw him alive on 23d Dec. 1899, that he died on 24- Dec about 5 o'clock A.M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:  
 Disease causing death? Paralysis Duration Five years  
 Immediate cause of death? General Paralysis Duration Two weeks  
 Contributory causes or complications, if any? \_\_\_\_\_ Duration \_\_\_\_\_

Post-mortem

\*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc.

WITNESS my hand this 26th day of December 1899  
 Signature of Physician, } W. Shaper  
 Coroner or Health Officer, } Rochester, Ind.  
 Address, \_\_\_\_\_

This Blank to be filled by householder or any competent person.

RECORD OF DEATH.

Age, 88 9 14  
 Years. Months. Days.  
 Full Name of Deceased Simon Stahl Sex, male Color, white  
 Residence, Rochester Ind Single. Married. Widow  
If in a city, give ward, street and number.  
 Occupation? Farmer Birthplace? Penn. Bedford Co.  
If in the country, give township.  
 Place of Death? Rochester Father's name in full? Jacob Stahl  
 Father's Birthplace? Penn Mother's maiden name in full? Rachel Covault  
State or Country.  
 Mother's Birthplace? Penn Date of Burial?  
State or Country.  
 Place of Burial? Rochester Signature of Undertaker, John B. Hoover  
 Reported by W. Stahl Address of Undertaker, Rochester Ind  
 Address, Wartford City Ind

Write plainly with unfading ink. This is a permanent record. This entire Original to be sent DIRECT to State Board of Health, at Indianapolis, by the 5th of each month.