

County of Caton

Department of State—Division of Vital Statistics

Township of _____
or
Village of Vernonville

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4

City of _____ (No. _____, St.; _____ Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Effie M. Bunker

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) April (Day) 26 (Year) 1883

AGE 26 YEARS _____ MONTHS _____ DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 19 years
Parent of 3 children, of whom 1 are living

BIRTHPLACE (State or country) Indiana

NAME OF FATHER Lincoln Cox

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER Della Pluckett

BIRTHPLACE OF MOTHER (State or country) Indiana

OCCUPATION Housekeeper

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

(Informant) Mrs. Della Pluckett
(Address) Cluson City Ind.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) April (Day) 22 (Year) 1909

I HEREBY CERTIFY, That I attended deceased from April 21 1909, to April 22, 1909, that I saw her alive on April 22, 1909, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH was as follows:
Typhoid Fever

(Signed) C. B. McLaughlin M. D.
Apr. 23 1909 (Address) Vernonville

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Fountain City Ind. DATE OF BURIAL Apr. 25 1909

UNDERTAKER C. E. Hammond ADDRESS Vernonville

Filed April 23 1909 A TRUE COPY C. E. Hallenbeck Registrar

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

MARGIN RESERVED FOR BINDING.

FORM NO. 100 100 pages Form No. 11-05-000-000-11-11-06