

BIRTH NO. 126

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <i>Madison</i>		b. CITY (If outside corporate limits, write Rural) OR TOWN <i>Norfolk</i>		c. LENGTH OF STAY (in this place)		1. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <i>Nebraska</i>		b. COUNTY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Care Lady of Lourdes Hosp. 1500 Norfolk Ave</i>		d. STREET ADDRESS (If rural, give location)		4. DATE (Month) (Day) (Year) OF DEATH <i>June 15 1949</i>		3. NAME OF DECEASED a. (First) <i>Mr. James</i>		b. (Middle) <i>J.</i>	
5. SEX <i>male</i>		6. COLOR OF RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>July 7, 1877</i>		9. Age (In yrs. last birthday) <i>71</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farming</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH-PLACE (City, town or county) (State or foreign country) <i>Chatham Hill Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Felix Buchanan</i>	
14a. MOTHER'S MAIDEN NAME <i>unknown</i>		14b. NAME OF HUSBAND OR WIFE <i>W. G. Susie</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME or Signature & Address <i>Susie Buchanan - wife</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bacterial hemorrhage</i> DUE TO (b) <i>Peptic Ulcer</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death.						Interval Between Onset and Death <i>1st 1/2 hrs.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY OR TOWN) (COUNTY) (STATE) (If rural area, write RURAL)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 10 1949</i> , to <i>June 10 1949</i> , that I last saw the deceased alive on <i>June 10 1949</i> , and that death occurred at <i>7:30 P.M.</i> from the causes and on the date stated above.									
23a. SIGNATURE <i>W. H. Stuebelley</i>		(Deceased or this)		23b. ADDRESS <i>Norfolk Nebraska</i>		23c. DATE SIGNED <i>6/20/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>June 18, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Ransomed Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Randolph Nebraska</i>			
DATE RECD BY LOCAL REG. <i>JUN 21 1949</i>		REGISTRAR'S SIGNATURE <i>A. O. Hagan</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Stuebelley</i>		ADDRESS <i>Randolph Nebraska 54000 117A</i>			

TO BE ACCOMPLISHED WHEN BODY IS EMERALMED

W. H. Stuebelley License No. 1936