

PLACE OF DEATH

County of Allen

Indiana State Board of Health

CERTIFICATE OF DEATH

Township of _____

Registered No. 135

Town of _____

City of Fort Wayne (No. Hope Hospital St.: _____ Ward) (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

Francis Cordrey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE, MARRIED, WIDOWED OR DIVORCED widower

DATE OF DEATH February 15 1917
(Month) (Day) (Year)

NAME OF HUSBAND OR WIFE (of decedent) was Christiana Cordrey

I HEREBY CERTIFY, that I attended deceased from Jan. 24, 1917 to Feb. 15 1917

DATE OF BIRTH (of decedent) February 6 1838
(Month) (Day) (Year)

that I last saw him alive on Feb. 14 1917, and that death occurred, on the date stated above, at 7 A. M.

AGE 79 years, 0 months, 9 days If LESS than 1 day, _____ hrs. or _____ min ?

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia 17 2

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

(Duration) yrs. mos. ds. 4 ds.
Contributory Fract. of femur - from fall
(SECONDARY) (Duration) yrs. mos. ds.

BIRTHPLACE OF DECEASED (STATE OR COUNTRY) Tuscarawas County Ohio

(Signed) W. B. Rice, M. D.
2/15/17, 1917. (Address) Fort Wayne, Ind.

NAME OF FATHER Agnes Cordrey

BIRTHPLACE OF FATHER (STATE OR COUNTRY) U. S. A.

MAIDEN NAME OF MOTHER Hannah

BIRTHPLACE OF MOTHER (STATE OR COUNTRY) U. S. A.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. 14 - ds.

Where was disease contracted, if not at place of death?
Former or Usual Residence 3014 S. Harrison

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John A. Cordrey
(Address) RR 12 Fort Wayne Indiana

PLACE OF BURIAL OR REMOVAL Lindenwood DATE OF BURIAL Feb 18 1917

UNDERTAKER Klaehn & Melching WAS THE BODY EMBALMED? Yes

Filed 2/15 1917 J. H. Selpen
Name and Address of Health Officer or Deputy

221 & 223 Washington Blvd. East EMBALMER'S LICENSE NO. 454