1 PLACE OF DEATH

STATE OF INDIANA
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Local No. 535

Registered No. 40030

County Tippecanoe
Township of Fairfield
Town
or City Lafayette No. St. Anthony Home St.
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred 6 yrs. 11 mos. 6 dys. How long in U. S. if of foreign birth? yrs. mos. dys.
2 FULL NAME Mary Rollins
Residence: No. 3 St. Crown Point Ind
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed or Divorced (write the word): Widow
6a NAME OF HUSBAND OR WIFE (of deceased): Peter Rolling
6b DATE OF BIRTH (of deceased):
7 AGE: 83 years months days. If LESS than 1 day, hrs or min.

OCCUPATION
8a Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
8b Industry or business in which work was done, as silk mills, saw mill, bank, etc.
8c Date deceased last worked at this occupation
8d Total time (years) spent

FATHER
9a BIRTHPLACE (State or country): Illinois
9b NAME: John Wilis
9c BIRTHPLACE (State or country): Germany

MOTHER
10a MAIDEN NAME: Katherine Wolf
10b BIRTHPLACE (State or country): Germany

11 INFORMANT: John Rolling
(Address) Crown Point Ind

12 PLACE OF BURIAL OR REMOVAL: St Mary's Crown Point Ind Date, Dec. 1 1934

13 UNDERTAKER: Gleason Funeral Home ADDRESS Crown Point

14 WAS THE BODY EMBALMED? yes EMBALMER'S LICENSE No. 321

15 Filed Dec 5 1934 M. M. Lacey
Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 4th 1934
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Dec 7 1934
and that death occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cardio-Renal	
Degeneration	2 years
Senility	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

17 If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:
18 Was disease or injury in any way related to occupation of deceased?

(Signed) A. G. Alexander M. D.
12/5/34, 19 (Address) Lafayette Ind