

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Local No. 1426  
Registered No. 8090

1. PLACE OF DEATH:

County La Grange  
City or town La Grange  
Street address, hospital, or institution  
Stay in hospital or inst. (yr., or mos., or days)  
Stay in this community (yr., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Indiana County La Grange  
City or town La Grange  
Street No.  
(If rural give LOCATION)

3. (a) FULL NAME

Susanna Conkle

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1942 at 109 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-7-42 1942 to 3-18 1942 and that I last saw her alive on 3-17 1942

Immediate cause of death  
DURATION

Due to Angerthia 20 yr

Due to Mycobacterial Infection 20 yr

Other conditions Septic

Major findings  
Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work? Means of injury

23. SIGNATURE [Signature] M.D. or other  
Address [Address] Date signed 3-20-42

MOTHER FATHER

12. Name France  
13. Birthplace France  
14. Maiden name unknown  
15. Birthplace unknown  
16. Informant Mrs Will Eagley  
Address La Grange Indiana  
17. Burial March 21-1942  
(Date of interment or removal, which?) (month) (day) (year)  
Cemetery or crematory Jackson Prairie  
Location Orland Ind  
18. Funeral director Caton Brothers  
Address La Grange Indiana

Filed March 20, 1942 by [Signature] Health Officer

PHYSICIAN  
Please underline the cause to which death should be charged statistically.

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH



AUG 12 2009



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