

Omer W. Schull

Occupant Name: Omer W. Schull

Location: Section F

Date of Birth: 4/7/1899

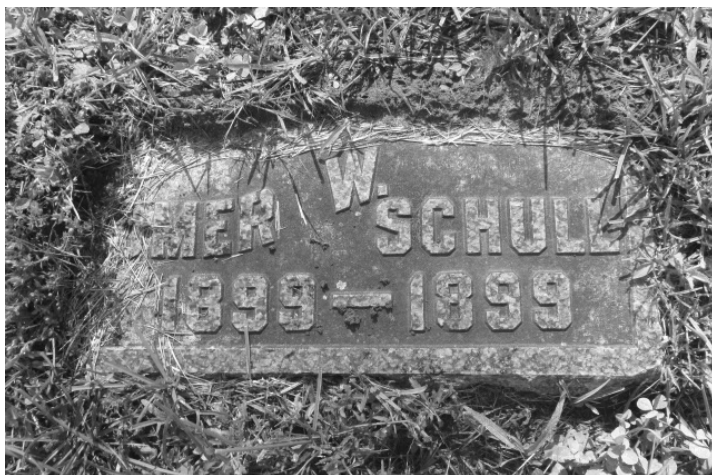
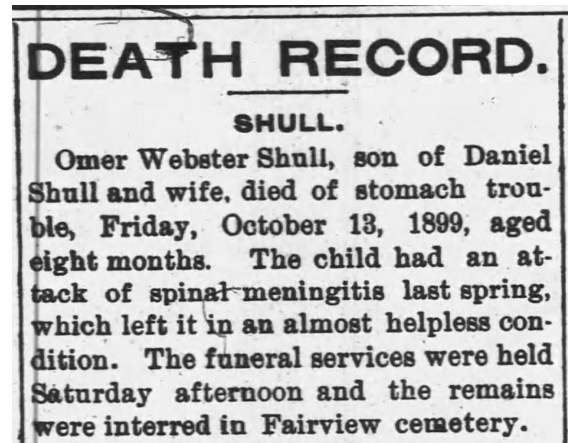
Date of Death: 10/13/1899

Date of Burial: 1899

Veteran: No

Multiple Occupants: No

Comment: Son of Daniel Schull



CERTIFICATE OF DEATH

County, *DeKalb* INDIANA STATE BOARD OF HEALTH. Health Officer's *17* 332
 Town, *Brownsboro* Record Number, *17*
 City, *Brownsboro* Certificate and Record of Death.

Decedent's full Name *Omer Schull* Date of Death *Oct 13 1899*

MEDICAL CERTIFICATE OF DEATH.

I hereby certify that I attended the deceased from *April 2, 89* to *Oct 2, 89* that I last saw him alive on *Oct 2 89* that he died on *Oct 13 1899* about *7 o'clock P.M.* and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written

Disease causing death? *Spinal meningitis* Duration *2 months*
 Immediate cause of death? Duration
 Contributory causes or complications, if any? Duration

Post-mortem *None* WITNESS my hand this *2* day of *October*, 1899
 Signature of Physician, *Frank Miller*
 Coroner or Health Officer, *Wm. W. Miller*

RECORD OF DEATH. Age, *Male* *8 mths 3*
 Sex, *Male* Color, *White*
 Residence, *Brownsboro Ind* Single, Married, Widow

Occupation? *Infant* Birthplace? *Brownsboro*
 Place of Death? *Brownsboro* Father's name in full? *Daniel Schull*
 Father's Birthplace? *DeKalb* Mother's maiden name in full? *Maggie Rumin*
 Mother's Birthplace? *DeKalb* Date of Burial? *Oct 14*
 Place of Burial? *Fairview* Signature of Undertaker, *J. B. Cannon*
 Reported by *Daniel Schull* Address of Undertaker, *Brownsboro Ind.*

Section 10 of the Health Law, as Amended by an Act Approved Feb. 7, 1899.