

Indiana State Board of Health
CERTIFICATE OF DEATH

Registered No. 2429

PLACE OF DEATH

County of Putnam

Township of Greencastle

Town of

City of Greencastle

(No. 1000 S. Locust St., Ward)

Registered No.

[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

Laura Bell Gibson

PERSONAL AND STATISTICAL PARTICULARS

SEX F Color or Race W Single Married Widowed or Divorced Married (Write the word)

NAME OF HUSBAND OR WIFE (of deceased) Geo Gibson

DATE OF BIRTH (of deceased) Dec 9 1867 (Month) (Date) (Year)

AGE 59 years 1 month 13 days (If less than 1 day, hrs. or min.)

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

BIRTHPLACE OF DECEASED (State or country) Ind

NAME OF FATHER George W. White

BIRTHPLACE OF FATHER (State or country) Ind

MAIDEN NAME OF MOTHER Melissa A. Cross

BIRTHPLACE OF MOTHER (State or country) Ind

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) George Gibson (Address) Greencastle

Filed 1-23-1927 C.B. O'Brien Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1927 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to Jan 21 1927 that I last saw her alive on Jan 20 1927 and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH* was as follows:

apoplexy of brain (Duration) yrs 6 mos ds

Contributory (Secondary) Softening of the brain (Duration) yrs 3 mos ds (Signed) J. H. Tucker, M. D. Jan 22 1927 (Address) Greencastle

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

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds In the State yrs mos ds Where was disease contracted, if not at place of death? Former or Usual Residence

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Jan 23 1927

UNDERTAKER J. E. McCusky WAS THE BODY EMBALMED? yes

ADDRESS Greencastle EMBALMER'S LICENSE No. 1310

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

A DEAD BODY BURIED WITHOUT A PERMIT SHALL BE DISINTERRED AND INQUEST HELD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.