

[SEE OTHER SIDE]

Indiana State Board of Health.
CERTIFICATE OF DEATH.

231

PLACE OF DEATH
County of Putnam
Township of Clinton
Village of
or
City of (No. St. Ward)

Registered No. 131

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Tyneander J. Gibson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH 8 12 1843
AGE 66 years 10 months 10 days
SINGLE, MARRIED, DIVORCED

NAME OF HUSBAND OR WIFE Wallace Gibson
BIRTHPLACE OF DECEASED Ind
NAME OF FATHER Roland Key
BIRTHPLACE OF FATHER Va
MAIDEN NAME OF MOTHER Physizia Wyson
BIRTHPLACE OF MOTHER Va
OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
(Informant) A. B. Hanna
(Address) Greencastle

BURIAL PERMIT
ISSUED BY
JUN 22 1910

Name and Address of Health Officer or Deputy
J. M. King

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 22 1910
I HEREBY CERTIFY, That I attended deceased from 3-7 1909 to 6-22 1910 that I last saw her alive on 6-22 1910 and that death occurred, on the date stated above, at 9 AM

M. The CAUSE OF DEATH was as follows: Hemorrhage of Lungs

Contributor Organic Heart Disease
(Signed) A. H. Moore M. D.
6-22 1910 (Address) Clinton Falls

SPECIAL INFORMATION only for Hospitals, Institutions and Transients
Former or Usual Residence How long at Place of Death? Days
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Union Chapel
DATE OF BURIAL 6-24 1910
UNDERTAKER A. B. Hanna
No. OF LICENSE 272

WAS THE BODY EMBALMED? yes
Greencastle

STRANGULATION.—Was this strangulation from disease (diphtheria), choking or hanging? If from disease, state fully. If from hanging, state whether suicidal or legal execution.
SUFFOCATION.—State very precisely the cause of the suffocation, as this term, returned alone, is very indefinite. See Asphyxia.
SYNCOPE.—What caused the syncope? Was the death due to organic heart disease? Give disease causing death.
TETANUS.—Name disease affecting the tetanic child.
TUBERCULOSIS.—State organ affected. Do not fail to state as primary tuberculosis if lungs were affected.
TUMOR.—Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of the body affected.
URÆMIA.—Was it a result of disease of the kidneys? State nature of disease, if any.

HEMIPLEGIA.—Was there any attack of paralysis? State organ affected, if any.
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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.