

## PLACE OF DEATH

 County of Tipton  
 Township of GreenCastle

## Indiana State Board of Health

2667

## CERTIFICATE OF DEATH

Registered No. 14
 City of GreenCastle (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

 [If death occurred in  
 a Hospital or Institution,  
 give its NAME instead of  
 street and number.]

 If death occurred away from  
 USUAL RESIDENCE  
 give last called for under  
 "Special Information."

FULL NAME

Timmian Wallace Gibson

## PERSONAL AND STATISTICAL PARTICULARS

 COLOR OR RACE Wals. White  
 SINGLE, MARRIED, WIDOWED, OR SEPARATED  
 Write last word

 NAME OF HUSBAND OR WIFE  
Lyman J. Gibson  
 8 Months 12 Days 1840 Year

 77 yrs. 5 months 6 days  
 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. ?

 OCCUPATION  
Retired Farmer

 PLACE OF BIRTH  
Ind

 NAME OF FATHER  
Andrew Gibson

 PLACE OF FATHER'S BIRTH  
Del.

 NAME OF MOTHER  
Jane Rambo

 PLACE OF MOTHER'S BIRTH  
Del.

 SIGNATURE TO THE BEST OF MY KNOWLEDGE  
T. W. Gibson

 ADDRESS  
GreenCastle

 Name and Address of Health Officer or Deputy.  
J. M. Rung  
208 1918

## MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH  
1 / 18 / 1918  
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from  
Oct 1 1917 to Jan 18 1918  
 that I last saw him alive on Jan 18 1918  
 and that death occurred, on the date stated above, at 10:20 M.

 The CAUSE OF DEATH\* was as follows:  
Organic Heart Disease  
19 (Duration) 1 yrs. mos. ds.

 Contributory (SECONDARY)  
 (Signed) W. W. Jacobs, M. D.  
Jan 19, 1918 (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  
Union Chapel

 DATE OF BURIAL  
1-21 1918

 UNDERTAKER  
A. B. Hanna

 WAS THE BODY EMBALMED?  
yes

 ADDRESS  
GreenCastle

 EMBALMER'S LICENSE NO.  
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