

death. Was the death due to organic heart disease? Give disease causing death.

TEETHING.—Name the disease affecting the teething child.

TONSILLITIS.—Was death not due to diphtheria? This is a suspicious return.

TOXEMIA.—Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the name of the disease.

TUBERCULOSIS.—State organs affected. The next fall to state the professional certificate number of the physician who attended the deceased.

What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.

INANITION.—This pernicious term is responsible for a multitude of worthless certificates. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.

LAND TROUBLE.—Was it preliminary tuberculosis? Was it preliminary tuberculosis? Was it preliminary tuberculosis?

AGE 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.

PLACE OF DEATH		SEE OTHER SIDE		Indiana State Board of Health.		381	
County of <i>Perryman</i>		Township of <i>Clinton</i>		CERTIFICATE OF DEATH.		Registered No. <i>93</i>	
Village of _____		City of _____		FULL NAME <i>John H. Thomas</i>		(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
SEX <i>Male</i>		COLOR <i>White</i>		DATE OF DEATH <i>4 20 1909</i>		I HEREBY CERTIFY, That I attended deceased from <i>6-1-1908</i> to <i>4-19-1909</i> that I last saw him alive on <i>4-19-1909</i> and that death occurred, on the date stated above, at <i>2 AM</i>	
DATE OF BIRTH <i>11 14 1831</i>		AGE <i>77</i> years <i>5</i> months <i>16</i> days		M. The CAUSE OF DEATH was as follows: <i>Chronic Apleuritis</i>		Contributory _____	
NAME OF HUSBAND OR WIFE <i>Mary Davidson Thomas</i>		NAME OF FATHER <i>Edgar Thomas</i>		(Signed) <i>A. H. Mozze</i>		<i>4-20 1909</i> (Address) <i>Clinton Falls</i>	
BIRTHPLACE OF DECEASED (State or country) _____		BIRTHPLACE OF FATHER (State or country) _____		SPECIAL INFORMATION only for Hospital, Institutions and Transients:		Place of Burial _____	
NAME OF MOTHER <i>Ruth Talston</i>		MAIDEN NAME OF MOTHER _____		Place of Burial _____		Place of Burial _____	
BIRTHPLACE OF MOTHER (State or country) _____		OCCUPATION OF DECEASED <i>Farmer</i>		Place of Burial _____		Place of Burial _____	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF				Place of Burial _____		Place of Burial _____	
(Informant) <i>A. B. Hanna</i>		(Address) <i>Greencastle</i>		Place of Burial <i>Union Chapel 4-22-09</i>		Place of Burial _____	
BUNIAL PERMIT ISSUED BY <i>J. M. King</i>		Date <i>4/10/09</i>		Place of Burial <i>Greencastle</i>		Place of Burial _____	