

to the nearest health officer other than the county health commissioner of the county wherein said death occurs, said certificate of death shall be sent immediately for record, by said health officer to the county health commissioner of the county wherein the death occurs. It shall be unlawful for any undertaker, session or other person to bury, cremate or otherwise dispose of any human body until he has received a permit to do so from a health officer, and no such permit shall be issued by any health officer or deputy until there has been delivered to him a certificate of death written in indelible ink (or indelible pencil) and any delay and accurately filled out by the proper person. In the event of any burial or other disposal of a dead human body without a permit, the offending person, upon conviction, shall be fined not less than five nor more than one hundred dollars, and if the violation is repeated, the maximum of the above shall be applied.

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (avoid report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc.; Cholera; Staphylococcus, etc.; of pneumonia origin; "Cholera" is from "cholera" and "cholera" is from "cholera".

PLACE OF DEATH

County of Montgomery
 Township of Union
 Town of _____
 or _____
 City of Crawfordsville (No. 806, E. Market St.; _____ Ward)

Indiana State Board of Health
CERTIFICATE OF DEATH 35239
 Registered No. 130

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") **FULL NAME** Mary Thomas

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Write the word.)

NAME OF HUSBAND OR WIFE John Thomas

DATE OF BIRTH Aug. 16 1840
(Month) (Day) (Year)

AGE 78 yrs. 2 months. 14 days if LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE OF DECEASED Ind.

NAME OF FATHER Samuel Davidson

BIRTHPLACE OF FATHER Kentucky

MAIDEN NAME OF MOTHER Doris Butcher

BIRTHPLACE OF MOTHER Ind.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30 1918
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 19 1918 to Oct 30 1918 that I last saw her alive on Oct 29 1918 and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Evidently Cancer of bowels
(Duration) Don't know

Contributor H
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. W. Seymour, M. D.
Nov. 1, 1918 Address Crawfordsville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE (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?
 Farmer or Usual Residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant Maggie Gibson
 (Address) Indianapolis, Ind.

Name and Address of Health Officer or Deputy _____

PLACE OF JURIAL OR REMOVAL Winton DATE OF BURIAL Nov-1 1918

UNDERTAKER Cropper & Son WAS THE BODY EMBALMED? Yes

ADDRESS Crawfordsville, Ind. EMBALMER'S LICENSE No. 1709