

PLACE OF DEATH

CERTIFICATE OF DEATH  
STATE OF INDIANA

Local No. \_\_\_\_\_

County BonnettsDIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICSRegistered No. 15  
9368

Township of \_\_\_\_\_

TOWNSHIP WINCHESTERCity INDIANNo. Rendolph Co. Hospital  
(If death occurred in a hospital or institution, give name (including of street and number) St.

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mo. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da.

FULL NAME MRS. GILKERSON

Residence No. \_\_\_\_\_ (Usual place of abode) No. \_\_\_\_\_ (If non-conditional dwelling or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX FEMALE COLOR OR RACE WHITE Single, Married, Widowed or Divorced (Write the word) MARRIEDDATE OF DEATH MARCH 15 1938  
(Month) (Day) (Year)

NAME OF HUSBAND OR WIFE (if deceased) \_\_\_\_\_

I HEREBY CERTIFY that I attended deceased from March 5 1938 to March 15 1938 and that death occurred on the date stated above, at 6:48 AMDATE OF BIRTH (if deceased) MARCH 19 1918

The principal cause of death and related causes of importance were as follows:

AGE 19 years 11 months 22 days 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.Acute appendicitis 12 days  
Pat. operative pneumonia 6 days  
Other contributory causes of importance: \_\_\_\_\_

Trade, profession, or particular kind of work done, or avocation, occupation, handicraft, etc. \_\_\_\_\_

Industry or business in which work was done, as with mill, shop, mine, bank, etc. HOUSEWIFE

This decedent last worked at this occupation \_\_\_\_\_

BIRTHPLACE (State or country) KENTUCKYUNCLE JAMES WILLIAM INBATHAMBIRTHPLACE (State or country) KENTUCKYMARRIAGE NAME MRS. GILBERTBIRTHPLACE (State or country) KENTUCKYINFORMANT CLIFFORD INBATHAM  
(Address) FARMERPLACE OF BURIAL OR REMOVAL JONES Co. MARCHEUNDERTAKER BARNES at HOUMA ADDRESS SAT. 1stWAS THE BODY EMBALMED? Yes EMBALMER'S LICENSE No. 3150DATE March 15 1938 PLACE INDIANName of operation Appendectomy Date of 3/6/38What best confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

"If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Signature of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_ "Was there an injury in any way related to occupation of deceased? Yes (Signed) Amable B. Engle M. D. 3/15 1938 (Address) Farmers, Ind.

PLACE OF DEATH TRANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED.

to give in every instance.