[1]PLACE OF DEATH

County of Hamilton

Township of Washington

Town of

or

City of (No. , St.; Ward)

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

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

Indiana State Board of Health 4818

CERTIFICATE OF DEATH

PUNCHED No. 1

Registered No. 25

[2]FULL NAME Noah Tomlinson

PERSONAL AND STATISTICAL PARTICULARS

[3]SEX	[4]COLOR OR RACE	[5]SINGLE, MARRIED, WIDOWED OR DIVORCED
M	W	Widower

[6]NAME OF HUSBAND OR WIFE: Abigail Tomlinson

[7]DATE OF BIRTH: Oct 13 1824 (Month) (Day) (Year)

[8]AGE: 93 years 4 months 9 days — If LESS than 1 day, hrs. or min.?

[9]OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed or employer:

[10]BIRTHPLACE OF DECEASED (State or country): Ind

[11]NAME OF FATHER: Robert Tomlinson

[12]BIRTHPLACE OF FATHER (State or country): North Carolina

[13]MAIDEN NAME OF MOTHER: Lydia Kellum

[14]BIRTHPLACE OF MOTHER (State or country): North Carolina

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[15]Informant: Asher Tomlinson

Address: Westfield Ind

[16]Filed 23 1918

Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

[17]DATE OF DEATH: 2 (Month) 22 (Day) 1918 (Year)

[18] I HEREBY CERTIFY, that I attended deceased from 19 to 2/22/1918

that I last saw [illegible] alive on 2/21/1918

and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Enlarged & irritable Prostate

17 ✓ (Duration) years mos. ds.

Contributory (SECONDARY) Fall in this connection

Sup (Duration) yrs. mos. 7 ds. ✓

(Signed) B. F. Forbes, M. D.

2/22/, 1918 (Address) Westfield

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

[19]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

[20]PLACE OF BURIAL OR REMOVAL: Chester Cem

DATE OF BURIAL: Feb 24 1918

[21]UNDERTAKER: Nutt & Coaltrin

WAS THE BODY EMBALMED? yes

[22]ADDRESS: Westfield

EMBALMER'S LICENSE No. 1850

fever (also only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of ... (Cancer, "Cancer," in any definite form, should not be used); ...

...ing any undertaker, sexton, 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 unfading ink (or indelible pencil) and completely 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 at the discretion of the court may be imprisoned in the county jail for not less than ten days nor more than six months. It shall be unlawful ... the ... shall ... of ... which the illegal burial ...