

HEART DISEASE.—Better stated as "organic heart disease," and the exact form of the disease, with its origin, if known, would be still more desirable.

HEART FAILURE.—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 scurvy, cholera, cholera infantum? If inability to take food, state cause.

HEMIPLEGIA.—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 poison generated in the body by disease? If so, state cause.

PLACED IN THE HANDS OF THE STATE BOARD OF HEALTH.—This is a special information for persons dying.

PLACE OF DEATH
 County of Washington
 Township of Washington
 or Village of _____
 or City of _____ (No. _____)

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

FULL NAME Delilah Tomlinson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH March 3rd 1826

AGE 83 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE OF DECEASED (State or country) Randolph County, Ind.

NAME OF FATHER Solomon Keitt

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Estlin Keitt

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant Mrs. Wesley Bond
 Address _____

Filed July 2nd 1907 P. H. Hodson
 Registrar

Indiana State Board of Health. 318
CERTIFICATE OF DEATH.

Registered No. 31

SE: _____ Ward: _____ (If death occurred in a Hospital or Institution, give the NAME, number of street and number.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13th 1907

I HEREBY CERTIFY, That I attended deceased from June 5th 1907 to August 13th 1907 that I last saw her alive on August 13th 1907 and that death occurred, on the date stated above, at 3 M. The CAUSE OF DEATH was as follows:
La Grippe

Contributory Senility (Interval 39 days)
accumulated (Interval 31 days)
 Signed: Delilah Tomlinson M.D.
July 2nd 1907 Address Washington

SPECIAL INFORMATION (Give for Hospital Institutions, Dispensaries, or Public Buildings.)

Name of Hospital _____
 Name and Address of Place of Death _____

Place of Burial or Removal _____ DATE OF BURIAL _____

INCIDENTARY _____