

Thomas Trueblood

Occupant Name: Thomas Trueblood

Location: Section A

Date of Birth: 2/17/1913

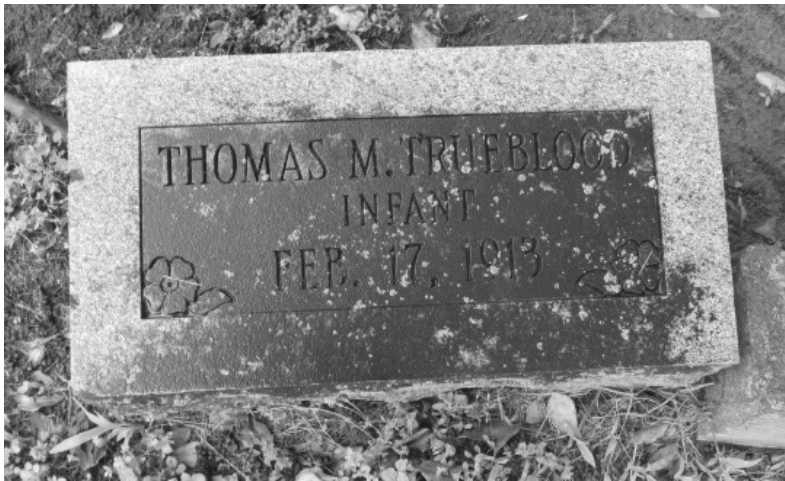
Date of Death: 2/17/1913

Date of Burial: 2/1913

Veteran: No

Multiple Occupants: No

Comment: son of Noble & Martha Trueblood



INDIANA STATE BOARD OF HEALTH. 819
CERTIFICATE OF DEATH.

PLACE OF DEATH [SEE OTHER SIDE]
 County of Warrick
 Township of Brownstown
 Village of _____
 City of _____
 Registered No. _____

Full Name Thomas Trueblood
 Sex Male Color White
 Date of Birth Feb 17 1913
 Age _____
 Single, Married, Widowed, or Divorced _____
 Name of Husband or Wife _____
 Birthplace of Deceased Indiana
 Name of Father Noble Trueblood
 Birthplace of Father Indiana
 Maiden Name of Mother Martha Trueblood
 Birthplace of Mother Brownstown Ind
 Occupation of Deceased _____

Medical Certificate of Death
 Date of Death Feb 17 1913
 I HEREBY CERTIFY that I attended deceased from _____ to _____
 and that death occurred on the date stated above, at _____
 M. The CAUSE OF DEATH was as follows:
Still born
 Contributory _____
 (Signed) P. A. Gossman M. D.
 License No. 15793 (Address) Brownstown Ind
 SPECIAL INFORMATION only for Hospital, Sanatorium and Tuberculosis
 Name of Hospital _____
 Date of Admission _____
 Date of Discharge _____
 Name of Doctor _____
 Date of Death _____
 Date of Burial _____
 Place of Burial or Reinterment Brownstown Ind
 Name of Undertaker J. J. Pritchard
 No. of License 781
 Was this Body Embalmed? No

I, ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 (Informant) Noble Trueblood
 (Address) Brownstown Ind
 SOCIAL PERMIT 127
 ISSUED BY P. J. Hume
 State Sanitarians at Health Office at Death