

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Local No. 14

PLACE OF DEATH

County of

Township of

Town of

City of

(If death occurs away from
USUAL RESIDENCEgive facts called for under
"Special Information")

FULL NAME

CERTIFICATE OF DEATH

State Registered No.

2254

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male **Color or Race** white **Single Married Widowed or Divorced** Married
(Write the word)

NAME OF HUSBAND OR WIFE
(of deceased) Maud M. Goble

DATE OF BIRTH
(of deceased) Jan 18 1869
Month Day Year

AGE 62 years 00 months 3 days
If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE OF DECEASED
(State or country) Indiana

NAME OF FATHER John Gobel

BIRTHPLACE OF FATHER
(State or country) Ind.

MAIDEN NAME OF MOTHER Amanda J. Weaver

BIRTHPLACE OF MOTHER
(State or country) Indiana

Informant (Address) Mrs. Thomas J. Goble
Ellettsville, Ind. #1 Rd

Burial permit
issued by

Filed 1-26-31

J. E. Luzadder M.D. Bloomington, Ind.

Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1930 to Jan 21, 1931
that I last saw him alive on Jan 20, 1931
and that death occurred, on the date stated above, at 8:55 P.M.

THE CAUSE OF DEATH* was as follows:

Uremia & Valvular Heart Disease
(Duration) yrs. mos. da.

Contributory (Secondary) (Duration) yrs. mos. da.

(Signed) B. P. Gill, M.D.
Jan 22, 1931 (Address) Ellettsville Ind.

*State the Disease Causing Death, or in deaths from Violent 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?

Former or Usual Residence

PLACE OF BURIAL OR REMOVAL Chambersville **DATE OF BURIAL** Jan 24 1931

UNDERTAKER Ernest G. Goble **WAS THE BODY EMBALMED?** yes

ADDRESS Gofort Ind **EMBALMER'S LICENSE No.** 1909