



CERTIFICATE OF DEATH

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED

EMBALMER'S NAME Walter T. Meier
LICENSE No. 5597
FUNERAL DIRECTOR'S LICENSE No. 709

1. PLACE OF DEATH:
County Monroe
City or town Rural
(If outside city or town limits, write RURAL)
Street address, hospital, or institution:
Ellettsville RFD 1
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 1/2

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Indiana County Monroe
City or town Rural
(If outside city or town limits, write RURAL)
Street No. Ellettville RFD 1
(If rural give LOCATION)

3. (a) FULL NAME
WILLIAM M. GIBEL

2. (a) IF VETERAN, NAME WAR None
3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

MEDICAL CERTIFICATION
20. DATE OF DEATH April 27, 1942 at 12:55A

6. (b) Name of husband or wife Thomas Gobel
6. (c) If alive, give age _____ years

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19, 1942 to April 26, 1942 and that I last saw her alive on April 19, 1942

7. Birth date of deceased (mo., day, yr.) September 24, 1872

Immediate cause of death
Cerebral hemorrhage

8. AGE: Years 69 Months 7 Days 3 If less than one day _____ hrs. _____ min.

Due to Hypertension

9. Birthplace Monroe County, Indiana
(Town, county and state)

Due to 82

10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name William M. Gibel

13. Birthplace Indiana

14. Maiden name Eliza Miller

15. Birthplace Kentucky

16. Informant Felix Gobel
Address Ellettsville RFD 1 Indiana

17. Funeral Date thereof 4-30-42
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ch. Massville

Location Mad. County, Indiana

18. Funeral director E. J. Wen

Address Bloomington Ind.

Filed 4-30, 1942 Re. Rogers
Health Officer

Major findings:
Of operations _____
Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Injured at work? _____ Means of injury _____

23. SIGNATURE J. W. Byrum, M.D.
M. D. or other _____
Address Bloomington Ind. Date signed 4/2/42

DURATION
4 days
PHYSICIAN
Please underline the cause to which death should be charged statistically.