

X. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.  
 PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LAYED.

**INDIANA STATE BOARD OF HEALTH**  
**CERTIFICATE OF DEATH**  
 (CORONERS)

County Hamilton Local No. \_\_\_\_\_  
 Township of Jackson Registered No. 27348  
 Town Armadia  
 or City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its name instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 FULL NAME Arthur Charles Foulke  
 Residence: No. Armadia Ind St. \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. COLOR OR RACE White 3. Single, Married, Widowed or Divorced (write the word) married  
 4. NAME OF HUSBAND (of deceased) George Foulke WIFE \_\_\_\_\_  
 5. DATE OF BIRTH (of deceased) Jan 17 1899  
 6. AGE 40 years 4 months 19 days IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 7. OCCUPATION George Foulke  
 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation June 6 1934 11. Total time (years) \_\_\_\_\_ percent 15  
 12. BIRTHPLACE (State or country) Indiana  
 13. NAME George Foulke  
 14. BIRTHPLACE (State or country) Indiana  
 15. MAIDEN NAME Mary Underwood  
 16. BIRTHPLACE (State or country) Indiana  
 17. INFORMANT Miss Mary Foulke  
 (Address) Armadia Ind  
 18. PLACE OF BURIAL OR REMOVAL Armadia Ind Date June 8 1934  
 19. UNDERTAKER Richard B. Steffer ADDRESS Armadia Ind  
 20. WAS THE BODY EMBALMED? yes EMBALMER'S LICENSE No. 849  
 21. Filed \_\_\_\_\_ 19 \_\_\_\_\_ Health Officer or Deputy

CORONER'S CERTIFICATE OF DEATH

22. DATE OF DEATH June 6 1934  
 (Month) (Day) (Year)  
 23. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to this death on the day stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance was: as follows:  
suicide by firearms  
12 gauge shot gun  
 Other contributory causes of importance: 167  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 24. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury 6 6 1934  
 Where did injury occur? in home Armadia Ind  
 (Specify city or town, county and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
occurred in home, Armadia Ind  
 Manner of injury 12 gauge shot gun  
 Nature of injury shot top of head off.  
 25. Was disease or injury in any way related to occupation of deceased? no  
 (Signed) C. M. Donahue M. D.  
 (Coroner or Coroner's Physician)  
June 7 1934 (Address) Armadia Ind