Form V. S. 1-A—50m—6-17-31

9846

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. ____

Registered No. 3

1. PLACE OF DEATH

County Magoffin

Vot. Pct. Ft Finn

Inc. Town ____

City ____ (No. ____ St., ____ Ward)

Registration District No. 1067

Primary Registration District No. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Kettie Ellen Gillenwaters

(a) Residence. No. ____ St., ____ Ward ____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucen B Gillenwaters

6. DATE OF BIRTH: 1864 3 14

7. AGE: Years 68 | Months 0 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE: Kentucky

MOTHER

13. NAME: John B Yorkley

14. BIRTHPLACE: Tenn

FATHER

15. MAIDEN NAME: Mary E Bush

16. BIRTHPLACE: Ky

17. INFORMANT: Son Yorkley

(Address) Fountain Run Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Lillion Date 3/30 1930

19. UNDERTAKER: F. R. Yorkley

(Address) Tompkinsville Ky

20. FILED 3-30 1932 J. P. Dorsey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May —, 1929 to Mch 29, 1932

I last saw her alive on Mch 29, 1932 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Paralysis 6 Yr | 1929 |

Contributory causes of importance not related to principal cause:

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. T. Hughes, M. D.

(Address) Fountain Run Ky

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING