

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given in EXACTLY, PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly cited. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM NO. 18 (REVISED 2-29-12)

7031

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Montgomery
Vol. No. #1 Quinn Registration District No. 2021
Inc. Town _____ Primary Registration District No. _____
City Ashersville Ky (No. _____) St. _____ Ward _____
FULL NAME Walter May Gillenwaters

File No. 251
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 1 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWER, OR DIVORCED Single
(Write full name)
6 DATE OF BIRTH August 16, 1906
(Month) (Day) (Year)
7 AGE 7 yrs. 4 mos. 6 ds. IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) house work

9 BIRTHPLACE (State or country) Ky
10 NAME OF FATHER Oscar Gillenwaters
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Mary Gillenwaters
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Kelley
(Address) Mountain View, Ky

Filed Jan 23, 1914 J. W. White REGISTRAR
St. Mark's Ky

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH January 22, 1914
(Month) (Day) (Year)
12 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1914, to January 22, 1914, that I last saw him alive on Jan 12, 1914, and that death occurred on the date stated above at 5 P. M. The CAUSE OF DEATH was as follows:
Acute Pulmonary Tuberculosis

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) Aspiry
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) John W. White, M. D.
(Address) Ashersville Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
15 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 _____

16 PLACE OF BURIAL OR REMOVAL Mountain View Ky DATE OF BURIAL Jan 23, 1914
UNDERTAKER J. J. Gutzman ADDRESS Mountain View Ky