

6251

Form V. S. 1-13m-6-12-15

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. Registered No. (If death occurred in
hospital or institution,
give its NAME instead
of street and number.)

No. _____

Registered No. _____

1 PLACE OF DEATH

County CumberlandVot. Pct. Carved 1906 13Registration District No. 405

Inc. Town _____

Primary Registration District No. _____

City Chapman Lely Ky (No. _____ St. _____ Ward _____)2 FULL NAME Rexley J. Gerald(rd)
instead of street

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

ive city or town a
l yrs. mos.3 SEX Female 4 COLOR OR RACE _____ 5 MARRIAGE Married
Single Married Widowed
or Divorced
(Write the word)16 DATE OF DEATH March 4
(Month) (Day) (Year) 1931

TE OF DEATH

I attended dec.

6 DATE OF BIRTH 73 years 3 (Month) 1 (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Jan, 1931, to Feb 27, 1931,
that I last saw h. alive on Feb 27, 1931,
and that death occurred on the date stated above at 1 P m.ed above, in, di
related causes of7 AGE _____ YRS. _____ MON. _____ DS. _____
IF LESS than 1
day _____ hrs.
or _____ min.

The CAUSE OF DEATH* was as follows:

Pericarditis

8 OCCUPATION

(a) Trade, profession or Housewife
particular kind of work.
(b) General nature of industry,
business or establishment in
which employed (or employer). none(Duration) _____ yrs. _____ mos. _____ ds
Contributory about 12 days
(Secondary)

not related to

9 BIRTHPLACE
(State or country)Tompkinsville(Duration) _____ yrs. _____ mos. _____ d.
(Signed) J. W. Bauman, M. D.

PARENTS

10 NAME OF
FATHERMary Moore11 BIRTHPLACE
OF FATHER
(State or country)Va.12 MAIDEN NAME
OF MOTHERMary Pitcock13 BIRTHPLACE
OF MOTHER
(State or country)Moore Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. L. Gerald(Address) Mishack 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, Trun-
sients or Recent Residents)at place _____ In the
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.Where was disease contracted,
if not at place of death? Mishack Ky
Former or
usual residence yes

18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St. Herman Mar 7, 1931
General

19 INTERFAXER

General

ADDRESS

TompkinsvilleFiled March 11 1931 of L. G. Hittings