

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated in full years, months, and days. 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.

Form V. S. 1-A—50m—4-17-31		COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS		Certificate of Death		File No. <u>22071</u>			
1. PLACE OF DEATH									
County _____		Registration District No. _____		Primary Registration District No. _____		Registered No. _____			
Vot. Pct. _____		City _____ (No. _____ St. _____ Ward _____)		(If death occurred in a hospital or institution, give its NAME instead of street and number)					
2. FULL NAME <u>William H. Gerald</u>									
(a) Residence. No. _____		St. _____		Ward _____					
(Usual place of abode)		(If nonresident, give city or town and State)							
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				MEDICAL CERTIFICATE OF DEATH					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)		21. DATE OF DEATH <u>XXXX Sept. 29</u> 19 <u>33</u>					
male	white	widowed		22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 29</u> , 19 <u>33</u> to <u>Sept. 29</u> , 19 <u>33</u>					
23. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rebecca Gerald</u>				I last saw her—alive on <u>Sept. 27</u> , 19 <u>33</u> , death is said to have occurred on the date stated above, at <u>11:30 A. M.</u> . The principal cause of death and related causes of importance in order of onset were as follows:					
6. DATE OF BIRTH <u>Dec. 3 1854</u>	7. AGE	Years	Months	Days	If LESS than 1 day _____ hrs. or _____ min.		Date of onset		
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Physician</u>				Contributory causes of importance not related to principal cause: <u>old age, and</u>					
9. Industry or business in which work was done, as silk mill, cannery, bank, etc. _____				<u>heart troubles</u>					
10. Date deceased last worked at this occupation (month and year) _____				11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE <u>Kentucky</u>				Name of operation _____ Date of _____					
13. NAME <u>Jantha Gerald</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____					
14. BIRTHPLACE <u>Kentucky</u>				23. If death was due to external causes (violence). All in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19 _____					
15. MAIDEN NAME <u>Sarah Copass</u>				Where did injury occur? _____ (Specify city or town, county, and State)					
16. BIRTHPLACE <u>Kentucky</u>				Specify whether injury occurred in industry, in home, or in public place. _____					
17. INFORMANT <u>H. L. Gung, J. ds.</u>				Manner of injury _____					
(Address) <u>Mashack, Ky.</u>				Nature of injury _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt. Harman Cemt.</u> Date <u>Sept. 30, 1933</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
19. UNDERTAKER <u>I. A. Yokley</u>				(Signed) <u>W. B. Bowman</u> M. D.					
(Address) <u>Tompkinsville, Ky.</u>				(Address) <u>Boyd-Kinrossville Ky</u>					
20. FILED _____ 19 _____				Registrar,					