

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

1 PLACE OF DEATH

County MuhlenbergVot. Pot. #4Registration District No. 870Inc. Town Central CityPrimary Registration District No. 2438

City

(No.)

St.,

Ward)

2 FULL NAME Gracie May AthertonFile No. 17936Registered No. 48

(If death occurred in a hospital or institution, give its name, location of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)
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6 DATE OF BIRTH October 3, 1912 (Month) (Day) (Year)

7 AGE 2 yrs. 2 mos. 27 ds.	IF LESS than 1 day... hrs. or... min.?
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8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Muhlenberg Co.

10 NAME OF FATHER Gus Atherton
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11 BIRTHPLACE OF FATHER (State or country) Mc. Lien
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12 MAIDEN NAME OF MOTHER Minnie Fergusson

13 BIRTHPLACE OF MOTHER (State or country) Ohio Co.
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gus Atherton
(Address) Central City, Ky

15 Filed Aug 11, 1915 R. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
July 31, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1915, to July 31, 1915, that I last saw him alive on July 31, 1915, and that death occurred on the date stated above at The CAUSE OF DEATH* was as follows:
Meningitis

(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) Enteritis
(Duration) yrs. mos. ds.
(Signed) Dr. N. L. Fulkerson, M. D.
July 31, 1915 (Address) Central City, Ky

*STATE THE DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINING SENTS 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

19 PLACE OF BURIAL OR REMOVAL
Keneshole 13 bluff DATE OF BURIAL
Aug 1, 1915

20 UNDERTAKER
Marion Ross ADDRESS
Central City, Ky