

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

1. PLACE OF DEATH  
County Jefferson  
Reg. District No. 1525  
2. PLACE OF DEATH  
City Franklinville (No.         ) (Ward)           
3. FULL NAME Emma C. Buckley

File No. 27437  
Registered No. 17  
(If death occurred in a hospital or sanatorium, give the full number of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Married</u>
6. DATE OF BIRTH <u>Jan. 23, 1860</u> (Month) (Day) (Year)		
7. AGE <u>55</u> yrs. <u>10</u> mos. <u>2</u> ds.		IF LESS than 1 day... hrs. or... min.?
8. OCCUPATION (a) Trade, profession, or particular kind of work... <u>House Keeper</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9. BIRTHPLACE (State or country) <u>Kentucky</u>		
10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (State or country) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (State or country)	10. NAME OF FATHER <u>William Moreland</u>	
	11. BIRTHPLACE OF FATHER <u>Kentucky</u>	
	12. MAIDEN NAME OF MOTHER <u>Lucy Gaines</u>	
	13. BIRTHPLACE OF MOTHER <u>Kentucky</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH  
Nov 17, 1915  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1915 to Nov 17, 1915, that I last saw him alive on Nov 17, 1915, and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH\* was as follows:  
Chronic Heart Disease

(Duration) 6 yrs.          mos.          ds.

Contributory (Secondary) Arteriosclerosis

(Signed) J. P. Blackwell, M. D.  
Nov 19, 1915 (Address)         

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

18. 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         

19. PLACE OF BURIAL OR REMOVAL  
Jefferson town

DATE OF BURIAL  
Nov. 18, 1915

20. UNDERTAKER  
Myers & Blankenship, Jefferson town

ADDRESS         

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)          (Address) Jefferson town

15. Filed Nov. 19, 1915 J. P. Blackwell REGISTRAR

WRITE PLAINLY. THE WRITING MUST BE IN INK OR BLUE-INK. PRINTED MATTER MUST BE EXACTLY REPRODUCED. A few lines of the matter should be written in pencil. All entries should be made EXACTLY. REPRODUCING OR ALTERING THIS CERTIFICATE IN ANY MANNER IS UNLAWFUL. THIS IS A FEDERAL OFFENSE. PENALTY, FINE OR IMPRISONMENT OR BOTH. THIS IS A FEDERAL OFFENSE. PENALTY, FINE OR IMPRISONMENT OR BOTH. THIS IS A FEDERAL OFFENSE. PENALTY, FINE OR IMPRISONMENT OR BOTH.