

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

1 PLACE OF DEATH

County Muhlenberg

Vol. Fol. 15

Registration District No. 1135

Ino. Town Cleator Ky

Primary Registration District No.

City

(No. St., Ward)

3 FULL NAME

Chie Captola Bullock

File No. 25971

Registered No. 717

[If death occurred in a hospital or institution, give its NAME instead 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) Single

6 DATE OF BIRTH July 11, 1912
(Month) (Day) (Year)

7 AGE 2 yrs. 2 mos. 12 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. none (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky

PARENTS
10 NAME OF FATHER Oscar Bullock
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Mary M. Gregory
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar Bullock
(Address) Cleator Ky

15 Filed Oct 27, 1912 W. H. MARRET REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 25, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1912, to Oct 24, 1912, that I last saw her alive on Oct 24, 1912, and that death occurred on the date stated above at 6 P.M. The CAUSE OF DEATH* was as follows:
Gastro-intestinal Indigestion

(Duration) ... yrs. 2 mos. 20 ds.

Contributory (SECONDARY)

(Duration) ... yrs. mos. ds.

(Signed) Joe M. Gurgerson, M. D.
Oct 25, 1912 (Address) Central Ky

*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. State ... yrs. mos. ds.
In the
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Ross Green field DATE OF BURIAL Oct 26, 1912

20 UNDERTAKER J. L. Thomas ADDRESS Cleator

WRITE PLACER WITH USHARING INC. THIS IS A FULLY PRINTED FORM. B. B. - Every item of information should be correctly furnished. All should be in plain terms, so that it may be properly understood. Each statement of occupation should state CAUSE OF DEATH in plain terms, so that it may be properly understood. Each statement of occupation is very important. See instructions on back of certificate.