

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

1 PLACE OF DEATH
County of Muhlenberg
Vol. No. 15
Inc. Town Chester Ky
City _____ (No. _____ St. _____ Ward _____)

File No. 18177
Registered No. 64

2 FULL NAME Mary Gregory Burk

(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) Married

6 DATE OF BIRTH March 30, 1893
(Month) (Day) (Year)

7 AGE 19 yrs. 3 mos. 29 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

PARENTS

10 NAME OF FATHER George Gregory

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Ann Curtis

13 BIRTHPLACE OF MOTHER (State or country) Ky.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 29, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1912, to July 29, 1912, that I last saw her alive on July 29, 1912, and that death occurred, on the date stated above, at 12th. The CAUSE OF DEATH* was as follows: Pneumonia

(Duration) — yrs. — mos. 12 ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Dr. Roy Willis, M. D.
July 29, 1912 (Address) Chester Ky.

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

(1) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, If not at place of death? _____

Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. Kuzor
(Address) Chester

15 Filed July 29, 1912 W. H. Hoover
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Rose Knappard DATE OF BURIAL July 29, 1912

20 UNDERTAKER J. L. Thomas ADDRESS Chester Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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.