

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26270

County Middlebury File No.
 Vol. Pct. P. 207 Registration District No. 1003 Registered No.
 Inc. Town. Primary Registration District No. 6829
 City (No. St., Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Miss Vera Gray
 (a) Residence. No. St., Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Married Married Widowed Or Divorced (Write the word)
 6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH Aug 21 1 (Month) (Day) (Year)
 7 AGE 41 yrs 2 mos 27 ds. IF LESS THAN 1 day hrs. or min?

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (State or country) Christiana Co. Va

PARENTS
 10 NAME OF FATHER S. F. Cotes
 11 BIRTHPLACE OF FATHER (city or town) (State or country) Christiana Co. Va
 12 MAIDEN NAME OF MOTHER Fannie Cullens
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Christiana Co. Va

14 (Informant) C. B. Wickijje
 (Address) P. 207 29

15 Filed 11/21/27 19 C. B. Wickijje,
By M. Wells, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 20 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to Nov 19, 1927, that I last saw her alive on Nov 19, 1927, and that death occurred on the date stated above at 2A m. The CAUSE OF DEATH was as follows:
Cerebral Thrombosis

(Duration) yrs. mos. ds.
 Contributory (Secondary) Cerebral Thrombosis
 (Duration) yrs. mos. 5 ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
 (Signed) E. P. Galt, M. D.
Nov 24 1927 (Address) Greenville Ky

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Greenwell Ky Nov 21 1927
 20 UNDERTAKER ADDRESS
Mrs M. McDonald Greenville Ky

SEARCHED INDEXED FOR ERRORS

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 OCCUPATIONS is very important. See instructions on back of certificate.