

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2425

1 PLACE OF DEATH
County Muhlenburg
Vol. Pct. Buck Creek Registration District No. 1092
In. Town _____ Primary Registration District No. 6827
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lella Baker Gray
(a) Residence. No. Buck Creek 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 married
Widowed
Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of Athal Gray
(or) WIFE of
6 DATE OF BIRTH Mar 21 1999
(Month) (Day) (Year)

7 AGE 41 yrs. 10 mos. 12 ds.
IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (city or town) Perrod
(State or country) Muhlenburg Co. Ky

PARENTS
10 NAME OF FATHER J. S. Baker
11 BIRTHPLACE OF FATHER (city or town) Paradise
(State or country) Kentucky
12 MAIDEN NAME OF MOTHER Nettie Clark
13 BIRTHPLACE OF MOTHER (city or town) Perrod
(State or country) Kentucky

14 (Informant) Athal Gray
(Address) Buck Creek, Ky

15 Filed 1/24, 1935 Victor Jensen
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 23 1935
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1935 to Jan 23, 1935 that I last saw her alive on Jan 23, 1935 and that death occurred on the date stated above at 10:30 a.m.
The CAUSE OF DEATH* was as follows:
Influenza

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Pneumonia (Secondary)
(Duration) 1 yrs. 6 mos. _____ 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) W. S. Haskins M. D.
Jan 24, 1935 (Address) Buck Creek, Ky

*State the Disease Causing Death, or, in deaths from Violent Cause, 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
Perrod B. G. Jan 24, 1935
20 UNDERTAKER Victor Jensen ADDRESS Buck Creek, Ky

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGK 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.
MAILED SEPARATELY FOR INDEXING