

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

1 PLACE OF DEATH

County Spencer

File No.....

Vot. Prec. Central CityRegistration District No. 1057

Registered No.....

Inc. Town Central CityPrimary Registration District No. 243548

City

(No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Sarah M. Gentry(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)
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5a If married, widowed, or divorced
HUSBAND of F. M. Gentry
(or) WIFE of6 DATE OF BIRTH July 14 1859
(Month) (Day) (Year)7 AGE 65 yrs. 1 mos. 28 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) Kentucky

PARENTS	10 NAME OF FATHER <u>C. Lamb</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Germany</u>
	12 MAIDEN NAME OF MOTHER <u>Martha Lamb</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>North Carolina</u>

14 (Informant) F. M. Gentry
(Address) Central City Ky15 Filed 8/30, 1927 A. S. Blandford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 28, 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from 8-1, 1924 to 8-28, 1927 that I last saw her alive on 8-24, 1927 and that death occurred on the date stated above at 6 P.M. The CAUSE OF DEATH was as follows:Relapsa..... (Duration) 3 yrs. mos. ds.

Contributory (Secondary)

..... (Duration) yrs. 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) F. T. Gentry, M. D......, 19..... (Address) Central City 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

Sherrers Chapel 8/30, 1927

20 UNDERTAKER

ADDRESS

C. G. Anderson Central City 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.

MACHINE REPRODUCED FOR RECORDING