


 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVet. Post. Court HouseRegistration District No. 21Ino. Town..... Primary Registration District No. 2130

City..... (No. St. Ward)

2 FULL NAME Mary Joane GailbreathFile No. 21022

Registered No.

(If death occurred in a hospital or institution, give the name, location of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH 1
(Month) (Day) (Year)7 AGE about 38 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Webster Co. Ky10 NAME OF FATHER W T Miles11 BIRTHPLACE OF FATHER (State or country) Henderson Co. Ky12 MAIDEN NAME OF MOTHER Francis Yates13 BIRTHPLACE OF MOTHER (State or country) Webster Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. B. Yates(Address) Greenville, Ky. R. 3.15 Filed 7/15, 1916 C. B. Wendelph REGISTAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 14, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1916, to March 4, 1916, that I last saw him alive on March 4, 1916, and that death occurred on the date stated above at 3 P.M. The CAUSE OF DEATH was as follows:
Pneumonia of lungs.(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Signed) C. B. Wendelph M. D.
Sept. 14, 1916 (Address) Greenville, Ky.

18 STATE THE DISEASE CAUSING DEATH, or, in deaths from Violent Causes, the (1) MEANS OF INJURY and (2) WHETHER ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Friendship BldgDATE OF BURIAL Sept. 15, 191620 UNDERTAKER McDonald & SmithADDRESS Greenville Ky

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY. WITH UNFADING INK--THIS IS A PERMANENT RECORD

B. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.