FORM V S 1-900M.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 9104

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Paradise — Registration District No. 171

Primary Registration District No. 4423 — Registered No. ......

Inc. Town ...... [If death occurred in a hospital or institution, give its NAME instead of street and number.]

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

2 FULL NAME Wm Carl Gamblin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ——

6 DATE OF BIRTH: Dec (Month) 1 (Day), 1915 (Year)

7 AGE: 1 yrs. 3 mos. 6 ds. — IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry business or establishment in which employed (or employer) ......

9 BIRTHPLACE (State or country): Hopkins County Ky

PARENTS

10 NAME OF FATHER: Greenie Gamblin

11 BIRTHPLACE OF FATHER (State or country): Hopkins Co. Ky

12 MAIDEN NAME OF MOTHER: Myrtle McLevain

13 BIRTHPLACE OF MOTHER (State or country): Hopkins Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. L. McLevain Jr.

(Address) Luzerne Ky

15 Filed 3/8, 1917 C. B. Buckley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 3 (Month) 7 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2/3, 1917, to 3/3, 1917, that I last saw him alive on Mar 3, 1917, and that death occurred on the date stated above at 4 a.m. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ...... yrs. ...... mos. 5 ds.

Contributory (SECONDARY) ......

(Duration) ...... yrs. ...... mos. ...... ds.

(Signed) C R Barnes, M. D.

3/7, 1917 (Address) Greenville Ky

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

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

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

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

Former or usual residence ......

19 PLACE OF BURIAL OR REMOVAL: Mt Nebo B.G. — DATE OF BURIAL: Mch 8, 1917

20 UNDERTAKER: McDonald & DeWitt — ADDRESS: Greenville Ky

11—3164

Elsie Stobaugh