

PLACE OF DEATH

County W. Muhlenberg

Vol. No. 15

Inn. Town Cleator Ky.

City (No. 7135 St.; Ward)

FULL NAME Not named

File No. 15789

Registered No. 63

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 4 COLOR OF RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH June 26, 1912  
(Month) (Day) (Year)

7 AGE 9 mos. 9 hrs. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work none (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (state or country) Ky.

10 NAME OF FATHER Adron Gambler

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Jessie Richardson

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Adron Gambler (Address) Cleator Ky.

15 Filed June 26, 1912 W. H. Woods REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 26, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 26, 1912, to June 26, 1912; that I last saw him alive on June 26, 1912, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH\* was as follows: Spasms - mother had Convulsions before delivery.  
(Duration) 9 mos. 9 hrs.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) LeRoy Mullis, M. D.  
June 26, 1912 (Address) Cleator Ky.

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

(16) 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 Wheat Grove, Ind. DATE OF BURIAL June 26, 1912  
20 UNDERTAKER Thomas ADDRESS Cleator Ky.

WRITE PLAINLY, WITH CARE AND BE CAREFUL. 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.