

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenberg
Vol. 103 Registration District No. 103
Inq. Town #5 Primary Registration District No. 791
City Drakesboro (No. 791 St. 791 Ward 791)
FULL NAME Howard Thomas Gaston

File No.
Registered No. 31
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Nov 23, 1925
7 AGE 1 yrs. 1 mos. 1 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) Drakesboro Ky
10 NAME OF FATHER Lilburn Gaston
11 BIRTHPLACE OF FATHER (State or country) Butter Co Ky
12 MAIDEN NAME OF MOTHER Myrtle Casebiter
13 BIRTHPLACE OF MOTHER (State or country) Paradise Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 24, 1925
17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1925 to Nov 24, 1925, that I last saw him alive on Nov 23, 1925 and that death occurred on the date stated above at 3 a.m. The CAUSE OF DEATH* was as follows:
Inanition,
100 weak to nurse
(Duration) yrs. mos. ds.
Contributory (SECONDARY)
(Signed) H. D. Newman, M. D.
Nov 25, 1925 (Address) Drakesboro Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lilburn Gaston
(Address) Drakesboro Ky

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 Sears Paradise DATE OF BURIAL Nov 25, 1925
20 UNDERTAKER H. Stewart ADDRESS Beal Creek Ky

N. 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.

Filed 12-10, 1925 M. Kinnel