

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

6513

PLACE OF DEATH  
County *Muhlenberg*  
Vot. Pot. *Base wood*  
Inc. Town *Courtsroy*



File No. *6*  
Registered No. *9*  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
FULL NAME *Riley Gails*

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*  
(If "e" the word)

DATE OF BIRTH *Apr. 12, 1877*  
(Month) (Day) (Year)

AGE *72* yrs. *11* mos. *10* ds. If LESS than 1 day... hrs. or... min. 7

OCCUPATION  
(a) Trade, profession, or particular kind of work. *Farming*  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) *Kentucky*

10 NAME OF FATHER *Joseph Gales*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER *Parkey Cain*

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Rich. W. W. W.*  
(Address) *Cal. Ky.*

15 Filed *Mar 25, 1921* *Emma Smith*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar 25, 1921*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 4, 1921*, to *Mar 25, 1921*, that I last saw him alive on *Mar 17, 1921*, and that death occurred, on the date stated above, at *8*.

The CAUSE OF DEATH\* was as follows:  
*Disastrous*

(Duration) yrs. *2* mos. *21* ds.

Contributory *Gistitis*  
(Duration) yrs. *2* mos. *21* ds.

(Signed) *J. H. Smith* M. D.  
*Mar 25, 1921* (Address) *Gov. Smith's*

\*State the DISEASE CAUSING DEATH, or, in death 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. State yrs. mos. ds.  
Where was disease contracted, If not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
*Gov. Smith's* *March 25, 1921*

20 UNDERTAKER ADDRESS  
*Dallas P. Co. Mortuary*

etic), "Atrophy," "Debility" ("Com), "Exhaustion," "Etion," "Marasmus," "Weakness," etc., as the cause of the coming from childbirth, "Puerperal," which surgical operation states MEANS OF DEATH: "HOMICIDE" determine definite death by railway accidents; Poison, "G. septic," Contributory cause of death, the American Form.—Individual refuse to see New York City, as the sole cause, hemorrhage, nervous system adaptation, and its or

WRITE PLAINLY  
B. B.—Every item of information should be correctly stated, so that it may be properly classified and tabulated. CAUSE OF DEATH is plain terms, so that it may be properly classified and tabulated. See instructions on back of certificate.

*Emma Smith*