

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

20756

PLACE OF DEATH
County Whitley
Vol. Pat. Graham
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

File No. 36
Registered No. 7140

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

7140

FULL NAME Lucie Catherine Gill

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

DATE OF BIRTH February 16, 1889
(Month) (Day) (Year)

AGE 88 yrs. 5 mos. 27 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Todd Co., Ky.

PARENTS
10 NAME OF FATHER Benjamin Allen
11 BIRTHPLACE OF FATHER (State or country) Virginia
12 MAIDEN NAME OF MOTHER Elizabeth Allen
13 BIRTHPLACE OF MOTHER (State or country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Gill
(Address) Graham, Ky.

FILED 8/13, 1912 Thos A Goddard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 10th, 1912, to August 12, 1912
that I last saw her alive on August 12, 1912
and that death occurred, on the date stated above, at 52 yrs.

The CAUSE OF DEATH* was as follows:
Arterio-sclerosis

Contributory chronic nephritis
(Duration) don't know yrs. mos. ds.

(Signed) S. D. W. Hatcher, M. D.
(Address) Graham, Ky.

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

(4) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS ON 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 _____

PLACE OF BURIAL OR REMOVAL Carroll Cemetery DATE OF BURIAL 8/13, 1912

UNDERTAKER Frank Aldham ADDRESS Graham

CP 1775/9726

A copy of this certificate should be filed in the office of the Registrar of Births and Deaths in the place where the death occurred. It is also a copy of the certificate of death should be filed in the office of the Registrar of Births and Deaths in the place where the death occurred. See instructions on back of certificate.