

orig # 25969

1 PLACE OF DEATH

County Muhlenberg BUREAU OF VITAL STATISTICS
Vol. Pat. Graham CERTIFICATE OF DEATH
Registration District No. 740

25979

File No. 46

Inc. Town..... Primary Registration Dist. No. 70

Registered No.

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

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

2 FULL NAME Albert Gipson

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 18 - 1903
(Month) (Day) (Year)

7 AGE 9 yrs. 2 mos. 10 ds. If LESS than 1 day.... hrs. or.... min.?

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

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Wm Gipson

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Florence Doring

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jack Gipson
(Address) Greenville P.H.

15 Filed 10/17, 1912 W. M. Gardner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10/19, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10/15/1912, 1912, to 10/17/1912, 1912, that I last saw him alive on 10/15/1912, 1912, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Endocarditis
(Duration) yrs. mos. 20 ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) T. J. Sizer, 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

(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 Pleasant Hill DATE OF BURIAL Oct. 18, 1912

20 UNDERTAKER Shannon Mercier Co DePoy ADDRESS

WRITE PLAINLY, WITH ENGLISH SPELLING. PRINT NAME OF REGISTRAR.

U. S. - 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.