

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

PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. 7140  
Ino. Town .....  
City ..... (No. .... St.; ..... Ward)

File No. 23214  
Registered No. 7140  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Baby Gipsan

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Oct 15, 1910  
(Month) (Day) (Year)

7 AGE 1 yrs. 11 mos. 9 ds. 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) Muhlenberg Co Ky

10 NAME OF FATHER Will Gipsan

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co

12 MAIDEN NAME OF MOTHER Young

13 BIRTHPLACE OF MOTHER (State or country) Hopkins Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Will Gipsan  
(Address) McNary

15 Filed Sept 24, 1912 29 Garthouse  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sep 23, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sep 22, 1912, to Sep 22, 1912, that I last saw h. er alive on Sep 22, 1912, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH\* was as follows:

Colic

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

(Signed) R. G. Campbell, M. D.  
24 Sep, 1912 (Address) Deport

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, 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. 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 Sam Greaves Cemetery DATE OF BURIAL Sept 24, 1912

20 UNDERTAKER Shannon Mores Co ADDRESS Deport Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.