

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27653

County MuhlenbergFile No. 1Vet. Post Midland 24Registration District No. 1086Registered No. 79

Inc. Town.....

Primary Registration District No. 6815

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

City.....

(No. St., Ward)

2 FULL NAME

Troy Daniel Gish

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 Single single
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Dec 22-1924
(Month) (Day) (Year)7 AGE 10 yrs. 9 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 Ky10 NAME OF FATHER Elmer Gish11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky12 MAIDEN NAME OF MOTHER Emmie Stator13 BIRTHPLACE OF MOTHER (State or country) Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elmer Gish(Address) P.O. 2 - Bremen Ky15 Filed Nov 10 - 1925 C.P. Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 7 - 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925, to Oct 31, 1925, that I last saw him alive on Oct 31, 1925, and that death occurred on the date stated above at 7:00 am.

The CAUSE OF DEATH* was as follows:

Spinal Meningitis(Duration) yrs. mos. 10 ds.
Contributory Probable Tubercular
(Secondary)(Duration) yrs. 10 mos. - ds.
(Signed) C.P. Robertson, M. D.Nov 1 - 1925 (Address) Bremen 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 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted,If not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Shannon's Chapel DATE OF BURIAL Nov 2 - 192520 UNDERTAKER J.B. Tucker ADDRESS Bremen KyWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
SEE REVISED JOB ORDERS
N. B.—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.