

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9936

File No. _____

Registered No. 160

1. PLACE OF DEATH

County ChristianVot. 2 Pot. 2Registration District No. 350Ino. Town FopkinsvillePrimary Registration District No. 2117

City _____

(No. Jennie Stuart Memorial Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Eugene Marshall Gassett(a) Residence. No. Graham, Ky. Ward _____
(Usual place of abode) (If non-resident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. ds. _____
in _____ of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. Single, Married, Widowed
or Divorced (write the word)
married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosie Belle Rudell6. DATE OF BIRTH Sept 15-1879

7. AGE

Years
56Months
3Days
18If LESS than
1 day hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Miner9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Muhlenburg County Ky

MOTHER FATHER

13. NAME William Gassett14. BIRTHPLACE Don't know15. MAIDEN NAME Delaney Tyson16. BIRTHPLACE Ohio?17. INFORMANT Guston Gassett(Address) Graham, Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Muhlenburg Co. Date _____ 19____19. UNDERTAKER McDonald, M.B.(Address) Greenville, Ky20. FILED April 25, 1926Ruth Bagby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 31 192522. I HEREBY CERTIFY, That I attended deceased from
12-31, 1925 to _____, 19____I last saw alive on _____, 19____, death is said
to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance
in order of onset were as follows:meningitis - otitic originDate of
onsetContributory causes of importance not related to
principal causeMetritis. lateral sinus
thrombosisName of operation Neurotomy Date of 12-31What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ date of injury _____ 19____Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? Yes If so, specify _____(Signed M.A. Salmon M. D.(Address) Fopkinsville Ky

MARGIN RESERVED FOR BINDING

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