

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

18788

1 PLACE OF DEATH

County Mt. Vernon
Vol. Pat. Graham # 20
Inc. Town Graham
City _____ (No. _____ St.; _____ Ward)

File No. 34
Registered No. 7140

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

2 FULL NAME Graves

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 21, 1912
Month (Day) (Year)

7 AGE _____ yrs. _____ mos. 3 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Graham Ky

10 NAME OF FATHER Nathan Graves

11 BIRTHPLACE OF FATHER (State or country) Sumner Co., Tenn

12 MAIDEN NAME OF MOTHER Louannia Mabrey

13 BIRTHPLACE OF MOTHER (State or country) Robertson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andrew Covenshaw
(Address) Graham Ky.

15 Filed July 26, 1912 Thos. A. Gardner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 24, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 21, 1912 to 24, 1912, that I last saw her alive on _____, 1912, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonic Stenosis

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

(Signed) R. G. Cargabrite, M. D. (Address) _____

(18) STATE THE DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(19) 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 Laurels Cemetery DATE OF BURIAL 27 Oct. 1912

20 UNDERTAKER Rice Tucker & Co ADDRESS Depoy, Ky.

WRITE PLAINLY WITH CAREFUL PEN-TING IS A PRELIMINARY 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.