

Commonwealth of Kentucky  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

9106

1 PLACE OF DEATH

County Muhlenberg

Vol. No. East Ledger

Inc. Town

City

Registration District No. 871

Primary Registration Dist. No. 1100

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

2 FULL NAME Mellie Gray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 MARRIAGE STATUS married  
(Write the word)

6 DATE OF BIRTH Dec 17, 1870  
(Month) (Day) (Year)

7 AGE 46 yrs. 3 mos. - ds. If LESS than 1 day...hrs. or...min.?

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

9 BIRTHPLACE (State or country) Christian County, Ky

10 NAME OF FATHER John McDonald

11 BIRTHPLACE OF FATHER (State or country) not given

12 MOTHER NAME OF MOTHER Mellie (McDonald)

13 BIRTHPLACE OF MOTHER (State or country) not given

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos Gray  
 (Address) Lugans, Ky

15 2/1, 1917 W. W. Caldwell  
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 12, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to Mar 16, 1917, that I last saw her alive on Mar 16, 1917, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:  
Ischemic  
 (Duration) 2 yrs. 3 mos. - ds.

Contributory (Secondary) (Duration) 2 yrs. 3 mos. - ds.

(Signed) W. H. Plummer M. D.  
Mar 15, 1917 (Address) Franklin

\*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 2 yrs. 3 mos. - ds. In the State 2 yrs. 3 mos. - ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Int. Bur. B. G. DATE OF BURIAL Mar 18, 1917

20 UNDERTAKER McDonald & Co. ADDRESS