

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19789

PLACE OF DEATH

County *Hopkins Co*

Vol. Pat. *Mass Hill*

Inc. Town

City, (No., St.,, Ward)

File No.

Registered No.

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

FULL NAME *Gay Lee Green*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Infant*

DATE OF BIRTH *April 14, 1912*
(Month) (Day) (Year)

AGE *3 mos. 5 ds.* If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) *Hopkins County*

NAME OF FATHER *Frank Green*

BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co*

MAIDEN NAME OF MOTHER *Emilia Moore*

BIRTHPLACE OF MOTHER (State or country) *Hopkins Co*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Frank Green*

(Address) *Mortons Gap, Ky*

DATE OF DEATH *Aug 5, 1912*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Aug 5, 1912*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *July 14, 1912*, to *Aug 5, 1912*, that I last saw him alive on *Aug 5, 1912*, and that death occurred, on the date stated above, at *8 P.M.*

The CAUSE OF DEATH* was as follows: *Cholera Infantum*

Contributory *To no other disease* (Duration) *1 mos. 5 ds.*

(Signed) *C. E. O'Byrne*, M. D. *Aug 5, 1912* (Address) *Mortons Gap, Ky*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

(IN) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death *...* yrs. ... mos. ... ds. State *...* yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death? Former or usual residence *...*

PLACE OF BURIAL OR REMOVAL *Muhlenberg Co* DATE OF BURIAL *Aug 6, 1912*

UNDERTAKER *C. E. O'Byrne* ADDRESS *Mortons Gap, Ky*

U. S.—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.