

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9931

File No.

Registered No. 158

1. PLACE OF DEATH

County Christian

Vot. Pot. _____

Registration District No. 350

Ino. Town _____

Primary Registration District No. 2115City Hopkinsville(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, its _____ instead of street and number)2. FULL NAME Mrs Fannie Gregory DELAY(a) Residence. No. Bever Ky St., _____ Ward _____

Length of residence in city or town where death occurred yrs. mos. ds. Now long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND or (or) WIFE of David Gregory6. DATE OF BIRTH Dec. 23 - 18817. AGE Years Months Days If LESS than 1 day hrs. or min.
54 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. 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 Not known13. NAME Not known14. BIRTHPLACE Not known15. MAIDEN NAME Not known16. BIRTHPLACE Not known17. INFORMANT Charlie Gregory(Address) Bever Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Bever Ky Date Jan. 8, 193619. UNDERTAKER Arthur D. Mosley(Address) Central City Ky20. FILED April 25, 1936 Ruth Bagby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 6, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936 to Jan 6, 1936I last saw her alive on Jan 6, 1936, death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:- Anemia - Date of onset _____

Contributory causes of importance, not related to principal cause:

Hypertension - Probable
Pellagra - or AnemiaName of operation None Date of _____What test confirmed diagnosis? Was there an autopsy? _____23. 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? _____ If so, specify _____

(Signed) Garret Gaither, M. D.(Address) Hopkinsville Ky

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.