

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 45

1. PLACE OF DEATH

County Muhlenberg

Vot. Pot. 25

Ino. Town Cleaton

Registration District No. 1094

Primary Registration District No. 6E41

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

J. R. Gregory

(a) Residence. No. _____ St., _____ Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Gregory

6. DATE OF BIRTH August 4th 1863

7. AGE Year 71 Months 3 Days 28 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

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 Ky.

13. NAME Joseph Gregory

14. BIRTHPLACE Ky.

15. MAIDEN NAME _____

16. BIRTHPLACE _____

17. INFORMANT Mollie Gregory
(Address) Cleaton Ky.

18. BURIAL, CREMATION, OR REMOVAL Place Cleaton Date _____ 19. _____

19. UNDERTAKER A. S. Massey {87 mt
(Address) Central City Ky.

20. FILED Aug 15, 1934 Vannie Thomas
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8/12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934 to Aug 12, 1934. I last saw him alive on Aug 12, 1934 death is said to have occurred on the date stated above, at 7 p.m. The principal cause of death and related causes of importance in order of onset were as follows:

Int nephritis and Endocarditis
Sept 1934
Contributory causes of importance not related to principal cause:
Endocarditis

Date of onset _____

Name of operation _____ 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) Leroy Wilkins, M. D.
(Address) Nelson, Ky.

MARGIN RESERVED FOR BINDING

Every item of information 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.

OCCUPATION
MOTHER/FATHER