

## CERTIFICATE OF DEATH

PLACE OF DEATH

County

Vol. Fol.

Ino. Town

City

Registration District No. 7140

Primary Registration District No.

(No.

St.,

Ward)

FULL NAME Mrs. Mary E. Gregory

File No. 19297

Registered No. 20

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

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	3 SINGLE MARRIED WIDOWED OR DIVORCED <i>Widow</i> (Write the word)
2 DATE OF BIRTH <i>September 8, 1838</i> (Month) (Day) (Year)		
7 AGE <i>75</i> yrs. <i>10</i> mos. <i>18</i> ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) <i>Housewife</i>		
9 BIRTHPLACE (State or country) <i>Muhlenberg Co</i>		

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *H. H. Licht*(Address) *Graham Ky*

15

Filed

*7/27, 1914**J. Clemens*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH

*July 26, 1914*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from *July 5, 1914* to *July 26, 1914*,  
the last day he was alive on *July 26, 1914*,  
and that death occurred on the date stated above at *his* home. THE CAUSE OF DEATH was as follows:*Cerebral Hemorrhage*  
*and hemorrhage 1914*  
*and another July 13, 1914*  
(Duration) *2* yrs. ... mos. *11* ds.Contributory *Dementia Arteriosclerotic*

(Duration) ... yrs. ... mos. ... ds.

(Signed) *L. J. Edge*, M. D.*July 26, 1914* (Address) *Graham Ky*

(State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state (1) kind of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAIN AS PLACE OF DEATH OR REGENT 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

19 PLACE OF BURIAL OR REMOVAL

*Unity Church*

DATE OF BURIAL

*July 27, 1914*

20 UNDERTAKER

*G. L. Craft*

ADDRESS

*Graham Ky*

WRITE PLAINLY, WITH IMPASSIVE EXPRESSION IN A FORMAL MANNER

In every case of death the cause should be correctly ascertained and stated EXACTLY. PARTICULARS should show CAUSE OF DEATH in plain terms, so that it may be properly classified. Short statements of COMPLICATIONS are very important. Give instructions on back of certificate.