

25529

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 93

1. PLACE OF DEATH

County MuhlenbergVot. Pct. HIno. Town Central CityRegistration District No. 1087Primary Registration District No. 2435

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mollie M. Rowland 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 F 4. COLOR OR RACE W. 5. ~~Single~~ Married, Widowed
~~or Divorced~~ (write the word) Rowland5a. If married, widowed, or divorced
~~UNMARRIED~~
(or) WIFE of J. R. Gregory6. DATE OF BIRTH Nov 17 18717. AGE Years Months Days If LESS than
64 10 7 1 day.....hrs.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housekeeper9. 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 Muhlenberg Co. Ky.13. NAME Martin D. Miller14. BIRTHPLACE Ky.15. MAIDEN NAME Mary E. Esters16. BIRTHPLACE Ky.17. INFORMANT Raymond Rowland(Address) Cleaton, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Rice Cemetery Date 9 20 19 3619. UNDERTAKER Arthur L. Mosley(Address) 113 N. 3rd St. Central City, Ky.20. FILED 9/19- 19 36 Ad. Bluebird
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9-19, 19 3622. I HEREBY CERTIFY, That I attended deceased from
on 9-10 to 10.I last saw h. alive on 9-10. 19 36 Death is said
to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance
in order of onset were as follows:DysenteryContributory causes of importance not related to
principal cause:

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) A. H. Crawford, M. D.(Address) Central City, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully specified. It should be stated EXACTLY. PHYSICIANS and 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.