

Commonwealth of Kentucky  
STATE BOARD OF HEALTH,  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*

Vol. *West Register 13*

Inn. Town

City (No. *871-7133*)

St. Ward

File No. *15782*

Registered No. *55*

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

2 FULL NAME *Nancy Jane Gregory*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widow*

6 DATE OF BIRTH *Apr 5, 1850*  
(Month) (Day) (Year)

7 AGE *69* yrs. *2* mos. *10* ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Washington Co Ky*

10 NAME OF FATHER *John D. Dineen*

11 BIRTHPLACE OF FATHER (State or country) *Washington Co Ky*

12 MAIDEN NAME OF MOTHER *Nannie Riley*

13 BIRTHPLACE OF MOTHER (State or country) *Washington Co Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *W. E. Dukes*

(Address) *Cleats*

15 Filed *June 16 1912* *W. H. Francklin* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 15, 1912*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *June 10, 1912*, to *June 15, 1912*, that I last saw her alive on *June 15, 1912*, and that death occurred, on the date stated above, at *5:30 P.M.*. The CAUSE OF DEATH\* was as follows:

*Jaundice*

(Duration) yrs. mos. ds.

Contributory Cause (SECONDARY) *None*

(Duration) yrs. mos. ds.

(Signed) *L. P. Mason*, M. D. (Address) *Greenville*

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

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Bethel* DATE OF BURIAL *6/16, 1912*

20 UNDERTAKER *Sharon Merrett* ADDRESS *Deputy 12*

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.