

## 1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 23328

County Mitchell

Registered No. 57

Vot. Pct. \_\_\_\_\_ Registration District No. 1087Inc. Town Central City Primary Registration District No. 2435City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Samuel Howard Gregory(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)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.  
(If nonresident, give city or town and State\*)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single  
Married Co  
Widowed or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_  
6 DATE OF BIRTH Dec 23 1927  
(Month) (Day) (Year)7 AGE 24 yrs. 0 mos. 0 ds. IF LESS than 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or  
particular kind of work \_\_\_\_\_  
(b) General nature of industry,  
business or establishment in  
which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) Ky.PARENTS  
10 NAME OF FATHER Geo. Henry Gregory  
11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_  
(State or country) Ky.  
12 MAIDEN NAME OF MOTHER Anna Eldora Carter  
13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_  
(State or country) Ky.14 (Informant) Olto Bittel  
(Address) Browns Ky.15 Filed 10/1 \_\_\_\_\_, 1927- 92 Blainford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 23, 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Jan, 1927, to Sept 23, 1927  
that I last saw him alive on Sept 23, 1927  
and that death occurred on the date stated above at P. M.  
The CAUSE OF DEATH\* was as follows:Preliminary NecropsyContributory Pulmonary Tuberculosis  
(Duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Secondary)(Duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) W. C. McNeil, M. D.  
10/24, 1927. (Address) Central City Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Rose Cemetery Sept 25 1927  
20 UNDERTAKER ADDRESSArthur L. Mosley Central City Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.