

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

File No. 208841 PLACE OF DEATH  
County Muhlenberg2 PLACE OF DEATH  
City Hillside Registration District No. 1087

Registered No. \_\_\_\_\_

3 PLACE OF DEATH  
Inn. Town \_\_\_\_\_ Primary Registration District No. 10874 PLACE OF DEATH  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Grace Jernigan

(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 <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Married</u>
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5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Otis Slaton Jernigan6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)7 AGE \_\_\_\_\_  
4 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) Muhlenberg Co., Kentucky

PARENTS	10 NAME OF FATHER <u>Sylvester Lacefield</u>
	11 BIRTHPLACE OF FATHER (city or town) <u>Grayson Co., Ky.</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>Mollie Gates</u>
	13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Indiana</u>

14 (Informant) Otis Slaton Jernigan  
(Address) Central City, Ky. R. 11. 415 Filed 8/21/28 C. B. Wickliffe  
By M. Wells Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH August 20, 1928, 19\_\_\_\_  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Aug 19, 1928, to Aug 20, 1928  
that I last saw him alive on Aug 20, 1928  
and that death occurred on the date stated above at 6 A.M.  
The CAUSE OF DEATH was as follows:  
Cerebral Hemorrhage

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
(Secondary)

(Duration) \_\_\_\_\_ 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) E. P. Galt, M. D.Aug 22, 1928 (Address) Greenville 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

Jsgoe Grave Yard August 21, 1928  
20 UNDERTAKER Orin L. Roark  
ADDRESS Greenville, Ky.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

Be carefully supplied. AGE should be stated. OCCASIONALLY, 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.