

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

File No. 23332
Registered No. 73

1 PLACE OF DEATH
County Muhlenberg
City Central City, Ky.
Ino. Town.....
City Central City, Ky. (No. 2435 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace Margaret King
(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 Female
4 COLOR OR RACE White
5 Single Single
Married
Widowed
or Divorced
(Write the word)
5a if married, widowed, or divorced
HUSBAND of
(or) WIFE of
6 DATE OF BIRTH May 10 1918
(Month) (Day) (Year)
7 AGE 12 yrs. 4 mos. 13 ds.
IF LESS than 1
day..... hrs.
or..... min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School girl
(b) General nature of industry, business or establishment in which employed (or employer).....
9 BIRTHPLACE (city or town) Ky.
(State or country)
PARENTS
10 NAME OF FATHER Charles Prentiss King
11 BIRTHPLACE OF FATHER (city or town) Ky.
(State or country)
12 MAIDEN NAME OF MOTHER Rebecca Lee Meloney
13 BIRTHPLACE OF MOTHER (city or town) Ky.
(State or country)

14 (Informant) Rebecca Lee King
(Address) Central City, Ky.

15 Filed 9/24, 1930 - A. L. Chesford
Registrar

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Sept 23 1930
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Sept 23, 1930 that I last saw her alive on Sept 23, 1930, and that death occurred on the date stated above at 10 P.M. The CAUSE OF DEATH* was as follows:
Typhoid fever
(Duration) yrs. mos. 14 ds.
Contributory (Secondary)
(Duration) yrs. mos. 14 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) John P. Walton, M. D.
Sept 24 1930 (Address) Central City, Ky.

19 PLACE OF BURIAL OR REMOVAL Farmington DATE OF BURIAL 9-24 30
20 UNDERTAKER Arthur L. Mosby ADDRESS 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.

MARGE ENRICHED FOR READING