

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

4815

## 1 PLACE OF DEATH

County MuhlenbergVot. Pct. N. B. Rogers

Inc. Town.....

City.....

Registration District No. 1092Primary Registration District No. 4834

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

File No. ....

Registered No. ....

2 FULL NAME Nellie Lee(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.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR, OR RACE <u>white</u>	5 Single Married <u>married</u> Widowed or Divorced (Write the word)
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5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of W. J. Lee6 DATE OF BIRTH  
(Month) (Day) (Year)7 AGE  
28 yrs. .... mos. .... ds. IF LESS than 1  
day .... hrs.  
or .... min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work. at home  
(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 <u>Tom Creech</u>
	11 BIRTHPLACE OF FATHER (city or town) <u>Ky</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Ray</u>
	13 BIRTHPLACE OF MOTHER (city or town) <u>Ky</u> (State or country)

14 (Informant) Archib Lee  
(Address) Hillside Ky15 Filed 7/7/28 By C. B. Wickliffe  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 16 1928  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from June, 1926 to Feb 14, 1928  
that I last saw h. alive on Feb 14, 1928and that death occurred on the date stated above at \_\_\_\_\_ m.  
The CAUSE OF DEATH\* was as follows:Pulmonary TuberculosisContributory (Secondary) Chronic of lungs  
(Duration) .... yrs. .... mos. .... ds.

(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. E. Galt, M. D.2 16, 1928 (Address) Greenwich 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 Carver B. Co. DATE OF BURIAL 2-17, 192820 UNDERTAKER M. D. McDonald ADDRESS Bremont KyDr. Galt

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.

MARRIED RECORDED FOR INDEXING