

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

File # 2710
Registered No.

PLACE OF DEATH
 County Muhlenberg Co.
 Vol. Pct. W. Baggett
 Inc. Town Wol
 City Wol

Registration District No. 198Primary Registration District No. 653

(No. St., Ward)

3 FULL NAME Thomas J. Gile

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

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH**

3 SEX Male 4 COLOR OR RACE White 5 Single
 Married
 Widowed
 or Divorced
 (Write the word)

16 DATE OF DEATH Jan - 14, 1928
(Month) (Day) (Year)6 DATE OF BIRTH
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
 from May 7, 1922, to Jan 18, 1928,
 that I last saw him alive on Jan 18, 1928,
 and that death occurred on the date stated above at 02 a.m.7 AGE 70 yrs. mos. ds.
IF LESS than 1
day hrs.
or min?The CAUSE OF DEATH* was as follows:
Emphysema8 OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)Contributory Atherosclerosis
(Duration) yrs. mos. ds.9 BIRTHPLACE (State or country) Muhlenberg Co(Signed) S. D. Whitaker M. D.
Jan 15, 1928 (Address) Greenville, Ky10 NAME OF FATHER William L. Gile11 BIRTHPLACE OF FATHER (State or country) Bedford Co Tenn12 MAIDEN NAME OF MOTHER Margaret Short13 BIRTHPLACE OF MOTHER (State or country) Bedford Co Tenn

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur Gile18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place yrs. mos. ds. In the
of death yrs. mos. ds. State yrs. mos. d.(Address) Greenville, KyWhere was disease contracted,
if not at place of death?15 Filed 1/14/28 1928 C. Wickliffe Registrar19 PLACE OF BURIAL OR REMOVAL Gile B. G. DATE OF BURIAL Jan 14, 192820 UNDERTAKER McDonald & W. Witt ADDRESS Greenville

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.