Form V. S. 1—125m—6-19-19

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 27845

Registered No.

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

1 PLACE OF DEATH

County Muhlenburg

Vot. Pct. West Bozzens

Registration District No. 871

Inc. Town

Primary Registration District No. 7139

City Depoy

(No. St., Ward)

2 FULL NAME Grace Lorey

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX: Female	4 COLOR OR RACE: White	5 Single, Married, Widowed or Divorced (Write the word): Sing
6 DATE OF BIRTH: Jan (Month) 7 (Day) 907 (Year)		
7 AGE: 14 yrs. 10 mos. 10 ds.	IF LESS than 1 day ...... hrs. or ...... min?	
8 OCCUPATION (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 (State or country): Muh Co Ky		
PARENTS — 10 NAME OF FATHER: Millard Lorey		
11 BIRTHPLACE OF FATHER (State or country): Mo		
12 MAIDEN NAME OF MOTHER: Oliver		
13 BIRTHPLACE OF MOTHER (State or country): Muh. Ky		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant): Ed Traylor		
(Address): Depoy Ky		
15 Filed 12/6, 192 1 O B Wickliffe, Registrar		

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH: Nov (Month) 27 (Day), 1921 (Year)
17 I HEREBY CERTIFY, That I attended deceased from 11/17, 1921, to 11/26, 1921, that I last saw h er alive on 11/26, 1921, and that death occurred on the date stated above at 3 A m.
The CAUSE OF DEATH* was as follows: Typhoid Fever
(Duration) ...... yrs. ...... mos. 10 ds.
Contributory (Secondary) ...... (Duration) ...... yrs. ...... mos. ...... ds.
(Signed) B. J. Argabrite, M. D.
12/5, 1921 (Address) Depoy Ky
*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death ...... yrs. ...... mos. ...... ds. In the State ...... yrs. ...... mos. ...... ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL: Oak Grove Cem — DATE OF BURIAL: 11/28, 1921
20 UNDERTAKER: Shannon Meadows — ADDRESS: Depoy Ky

11—3164

MARGIN RESERVED FOR BINDING

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.