

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

21574

1 PLACE OF DEATH
County Muehlenberg CERTIFICATE OF DEATH
Reg. Dist. No. 7128 File No.
Vet. Pot. 8 Registration District No. Registered No.
Inc. Town Primary Registration District No.
City (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Fred M. Gay

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Nov 30, 1916
(Month) (Day) (Year)

7 AGE 23 yrs. ... mos. ... ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work.
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER J. R. Mc Coy

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Martha Perry

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. R. McCoy
(Address) Penrod

15 Filed 8/30, 1916 M. C. Bewley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 30, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1916, to June 14, 1916, that I last saw him alive on June 14, 1916, and that death occurred on the date stated above at 3 P. M. THE CAUSE OF DEATH* was as follows:
Epilepsy

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.
(Signed) E. M. Bewley, M. D.
8 30, 1916 (Address) Penrod

*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, TRANSPORTS 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 Forest Grove DATE OF BURIAL 8/31, 1916

20 UNDERTAKER D. Reeler ADDRESS Dunmore

MAISON RESERVE FOR RECORDS

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information 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.