

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. **20878**

Registered No. \_\_\_\_\_

County MadisonVol. No. 1000Registration District No. 6839

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 Julia Ann McLeay(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Original 20877

(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 Married  
Married  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of Le. J. McLeay  
(or) WIFE of6 DATE OF BIRTH Nov 15th 1894  
(Month) (Day) (Year)7 AGE 33 yrs. 9 mos. 3 ds.  
IF LESS than 1  
Day \_\_\_\_ hrs.  
or \_\_\_\_ min.8 OCCUPATION OF DECEASED  
(a) Trade, profession or  
particular kind of work Home wife(b) General nature of industry,  
business or establishment in  
which employed (or employer)9 BIRTHPLACE (city or town)  
(State or country) Pennsylvania10 NAME OF FATHER Merlin Bash11 BIRTHPLACE  
OF FATHER (city or town)  
(State or country) Pennsylvania12 MAIDEN NAME  
OF MOTHER James Miller13 BIRTHPLACE  
OF MOTHER (city or town)  
(State or country) Pennsylvania14 (Informant) Le. J. McLeay  
(Address) Queen Ky

15 Filed \_\_\_\_\_, 19\_\_\_\_

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 18th 1928  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased  
from Aug 18, 1928, to Aug 18, 1928,that I last saw her alive on Aug 16, 1928,and that death occurred on the date stated above at 1:15 p.m.

The CAUSE OF DEATH\* was as follows:

Murderal poisoningContributory (Secondary) \_\_\_\_\_  
(Duration) yrs. mos. 7 ds.Cancer of Ovis  
(Duration) yrs. mos. 12 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) J. P. Kutz, M. D.  
Aug 19, 1928 (Address) Central City\*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 Dovey Cemetery DATE OF BURIAL 8/19/192820 UNDERTAKER W. J. Anderson 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.