

1. PLACE OF DEATH

County Darkest

Vot. Prec. _____

Inc. Town _____

City Quinnsboro

(No. _____ St. _____ Ward _____)

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

2. FULL NAME Miss Airedelle McGehee(a) Residence. No. 103 East 23rd St. _____ Ward _____
(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 W. 5. Single, Married, Widowed or Divorced (write the last) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH March 4 18667. AGE Years 70 Months 0 Days 27 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky13. NAME M. F. McGehee14. BIRTHPLACE Ky15. MAIDEN NAME unknown

16. BIRTHPLACE _____

17. INFORMANT Family records
(Address) _____18. BURIAL, CREMATION, OR REMOVAL
Place Almwood Date April 2 193619. UNDERTAKER Jas. W. Davis
(Address) Quinnsboro Ky20. FILED 4-2 1936 Lina Cal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 1 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at 3:30 P. m. The principal cause of death and related causes of importance in order of onset were as follows:Pneumonia Date of onset _____108

Contributory causes of importance not related to principal cause:

broken hip (was skinned)had no medical careName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? h

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Dellert G. Ghem com M. D.(Address) Quinnsboro Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. Every item of information should be carefully supplied and stated exactly. Physicians and state cause of death in plain terms, so that it may properly classified. Exact statement of occupation is very important. See instructions on back of certificate.