

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8682

1 PLACE OF DEATH

County Daviess

File No.

Vol. Pct. Registration District No. 290Registered No. 134Inc. Town. Primary Registration District No. 2145

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

City Dunkley (No. 102 ~~to~~ 25 St., Ward)2 FULL NAME Nancie McGhee

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OF RACE White 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH Feb-25, 1..... (Month) (Day) (Year)7 AGE 63 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 Art Smith11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Sturm13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roy Burns(Address) Dunkley15 Filed 4-18, 1922 L. L. Carpenter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 15, 1922 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 5, 1922, to April 15, 1922, that I last saw her alive on April 15, 1922, and that death occurred on the date stated above at 3 P.m.

The CAUSE OF DEATH* was as follows:

Sagrippe(Duration) yrs. mos. 10 ds.Contributory (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) M. D. Walker, M. D.April 16, 1922 (Address) Dunkley 14
*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 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 DATE OF BURIAL

Elm Wood April 16, 192220 UNDERTAKER Good News ADDRESS 14

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 language, so that it may be properly classified. Every statement of OCCUPATION is very important. See instructions on back of certificate.