FORM V S 1-500M 6 20-11

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. [redacted]

1 PLACE OF DEATH

County Muhlenberg Registration District No. 878

Vot. Pct. Paradise Primary Registration District No. 7176

Registered No.

Ino. Town

City (No. St., Ward)

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

2 FULL NAME Zuckariah Wilhoit McGehee

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

It is important that this certificate should be carefully supplied. AGE should be entered 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.

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 8th (Month) (Day), 1855 (Year)

7 AGE 58 yrs. 5 mos. 9 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Lewis Co Ky

PARENTS

10 NAME OF FATHER Meredith McGehee

11 BIRTHPLACE OF FATHER (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (State or country) Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J.R. Crumpton

(Address) Paradise Ky

15 Filed May 17, 1914 S.K. Smith REGISTRAR

11—3284

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 17th (Month) (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 14th, 1914, to May 17, 1914, that I last saw him alive on May 17, 1914, and that death occurred on the date stated above at 10 a.m. The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) .... yrs. .... mos. 10 ds.

Contributory (SECONDARY)

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

(Signed) Frank B. Bethett, M. D

May 18, 1914 (Address) Rockport 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	DATE OF BURIAL
McDougals	May 18th, 1914

20 UNDERTAKER	ADDRESS
J.C. Williams	Rockport Ky