

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

Department of Health -  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

51 14895

REGISTRAR'S NO. 164

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Muhlenberg</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville R. 2</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville Kentucky</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)			d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) <u>M.</u> c. (Last) <u>Gehee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>October 3, 1868</u>	9. AGE (In years last birthday) <u>82</u>	If Under 1 Year Months Days If Under 24 Hrs Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>88</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Tom M. Gehee</u>			
14. MOTHER'S MAIDEN NAME <u>Raney Wells</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			
16. SOCIAL SECURITY NO.			17. INFORMANT <u>Max Elmer M. Gehee</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Unknown</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Cause Unknown Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Remembrance</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Had several seizures about 7-8 years duration.</u>		DUE TO (c) <u>Had partial stroke March 1951</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X-070-16</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. DATE SIGNED <u>July 19, 1951</u>		23b. ADDRESS <u>Central City, Ky</u>		23c. SIGNATURE (Degree or title) <u>Corliss F. Williams Coroner</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21, 1951</u>		24c. NAME OF CEMETERY OR CHAPEL <u>Jennigans Chapel</u>		
24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co - Kentucky</u>		25a. DATE REC'D BY LOCAL REG. <u>7-28-51</u>		25b. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>		
25c. FUNERAL DIRECTOR'S ADDRESS <u>J. Tom Cary - Greenville, Ky</u>						