

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

11008

1 PLACE OF DEATH
County Washington
Vol. Pat. _____
Inc. Town So-Carrollton
City _____ (No. _____ St.; _____ Ward)

File No. _____

Registered No. 12

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

2 FULL NAME Mrs. Elizabeth M. Gentry

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct. 19, 1912
(Month) (Day) (Year)

7 AGE 87 yrs. 6 mos. 4 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ind

10 NAME OF FATHER Wm. Gentry

11 BIRTHPLACE OF FATHER (State or country) Penn

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) Penn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. E. Clark
(Address) So. Carrollton

15 Filed 4/26, 1912 A. C. Hooper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH 4 25, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1/17, 1912 to 4/25, 1912, that I last saw her alive on 4/25, 1912, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Dysentery

(Duration) 2 mos. 8 ds.

Contributory Smoking
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) F. H. Foley, M. D.
4/26, 1912 (Address) So. Carrollton

*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 So. Carrollton County DATE OF BURIAL 4/27, 1912

20 UNDERTAKER W. C. Hooper ADDRESS So. Carrollton

B. 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.