

1 PLACE OF DEATH

County MuhlenburgVot. Pct. Emmis

Inc. Town.....

City.....

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1097Primary Registration District No. 2569

(No. St., Ward)

2 FULL NAME Gardie E MeffordFile No. 7626Registered No. 5

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single Married married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Jan 16 1906
(Month) (Day) (Year)7 AGE 24 yrs. 2 mos. 14 ds.
IF LESS than 1
day hrs.
or min?8 OCCUPATION
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Geo B Hester11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Vina Arnold13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B M Mefford
(Address) Emmis Ky15 3, 1930 W. S. Fleming
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 30th 1930
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1929 to Mar 30, 1930, that I last saw her alive on Feb 25, 1930, and that death occurred on the date stated above at 2⁵⁵ a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary TuberculosisContributory (Secondary)
(Duration) 2 yrs. mos. ds.(Signed) Henry Smith, M. D.
4-1-30 (Address) Rockwell 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

Simmons Chapel 3-31st 1930

20 UNDERTAKER ADDRESS

W. H. Wood Rockwell

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