

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 25265County Mrs. Newburg.Vol. Pct. # 8Registration District No. 2867Inc. Town PencopPrimary Registration District No. 1090

City

(No. _____ St., _____ Ward)

2 FULL NAME Goslie Mahan.

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 Single Infant
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH

_____, 1 _____
(Month) (Day) (Year)

7 AGE

_____. yrs. _____ mos. 1 dayIF 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 Jesse Mahan.11 BIRTHPLACE OF FATHER
(State or country) Ky.12 MAIDEN NAME OF MOTHER Lucie Garrett13 BIRTHPLACE OF MOTHER
(State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Mahan.(Address) Pencop, Ky.Filed Oct-1, 1925Hollie Pawley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct-1, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from _____, 192____, to _____, 192____,

that I last saw h_____ alive on _____, 192____,

and that death occurred on the date stated above at _____m.

The CAUSE OF DEATH* was as follows:

8 month baby lived 13 hrs.

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

Contributory _____
(Secondary)

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

(Signed) No Physician, M. D.

_____, 192____ (Address)

*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 _____ in the
of death _____ yrs. _____ mos. _____ ds. 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

Hopk Creek, Oct-2, 1925

20 UNDERTAKER ADDRESS

L. H. Stewart - Beck Creek, Ky.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. Extra statement of OCCUPATION is very important. See instructions on back of certificate.