

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19217

1 PLACE OF DEATH
County Mullensburg
City Central City (Name) St., _____ Ward _____
2 FULL NAME Ernie Jeanette Nalley
Reg. No. _____ Registration District No. 1087
Primary Registration District No. 2435

File No. _____
Registered No. 46
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE White 5 Single _____ Married _____ Widowed _____ or Divorced _____ (Write the word)
6 DATE OF BIRTH April 8 (Month) (Day) (Year)
7 AGE 3 yrs. 10 mos. 10 ds. IF 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) Indy
10 NAME OF FATHER Ernie Nalley
11 BIRTHPLACE OF FATHER (State or country) Indy
12 MAIDEN NAME OF MOTHER Marion Nalley
13 BIRTHPLACE OF MOTHER (State or country) Indy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ernie Nalley (Address) Central City

15 Filed 7/19, 1924 A. P. Blandford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 16 1924 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 7-3, 1924, to 7-16, 1924, that I last saw him alive on 7-16, 1924, and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:

Acute Intestinal Infection
(Duration) _____ yrs. _____ mos. 14 ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. C. W. Neil M. D. 7-19, 1924 (Address) Central City

*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 Burying B. Hoff DATE OF BURIAL July 17, 1924
20 UNDERTAKER Spore & Co ADDRESS Central City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should carefully supplied. AGE should be properly classified. Every element of OCCUPATION is very important. See instructions on back of certificate.