

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

20880

1 PLACE OF DEATH

County Franklin

Vot. Pot. _____

Registration District No. 1087

File No. _____

Inc. Town Central CityPrimary Registration District No. 2435Registered No. 67City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Leahgate Catey

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)6a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE OF _____6 DATE OF BIRTH January 26th 1907
(Month) (Day) (Year)7 AGE 21 yrs. 5 mos. 16 ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work seam
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS	10 NAME OF FATHER <u>Osman Catey</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Kentucky</u>
	12 MAIDEN NAME OF MOTHER <u>Annie Higginbottom</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Kentucky</u>

14 (Informant) Paul Catey
(Address) Central City Ky15 Filed 7-13-1928 A. S. Blawie
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 13th 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from 2-17-1928 to 7-13-1928 that I last saw him alive on 7-12-1928 and that death occurred on the date stated above at 130 m.THE CAUSE OF DEATH* was as follows:
T.B. of intestinesContributory (Secondary) _____ (Duration) 2 yrs. _____ mos. _____ ds.18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) F. T. Foley M. D.
714, 1928 (Address) Central City Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Union Burial Society 7/14/1928

20 UNDERTAKER ADDRESS

C. J. Anderson Central City 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MACHINE REPRODUCED FOR RECORDS