

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25195

File No. _____

Registered No. 307

1. PLACE OF DEATH

County WoolpersboroVot. Precinct Central City KyIncl. Town Central City KyRegistration District No. 1085Primary Registration District No. 2185City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME David G. Daleburg(a) Residence. No. 120 East Broad St. _____ Ward _____
(Usual place of abode) (if nonresident, give city or town and State)Length of residence in city or town where death occurred 60 yrs. 10 mos. ds. _____
New long in U. S. if of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Grace Catherine Daleburg</u>		
7. AGE Years _____ Months _____ Days _____ If LESS than <u>74</u> <u>10</u> <u>25</u> 1 day.....hrs. or.....min.		
8. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. <u>Hotel Operator</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Hotel Grayson</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE South Carrollton, Ky13. NAME D. G. Daleburg14. BIRTHPLACE Kentucky15. MAIDEN NAME Mary Felicitas Finckeloe16. BIRTHPLACE Kentucky17. INFORMANT Wm. Grace Daleburg
(Address) Central City Kentucky18. BIRTH, CREMATION, OR REMOVAL
Place Grayson, Ky Date October 8, 194119. UNDERTAKER Wm. J. Ginnell & Sons
(Address) Central City Kentucky20. FILED 10-7- 1941 W. L. E. Bradford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 6th, 194122. I HEREBY CERTIFY, That I attended deceased from
Oct. 1, 1941 to Oct 6, 1941.I last saw him alive on Oct 6, 1941, death is said
to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance
in order of onset were as follows:Endocarditis - nephritis Date of
onset _____Contributory causes of importance not related to
principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ date of injury _____ 19____Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in
public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? _____ If so, specify _____(Signed) J. P. Waller, M. D.(Address) Central City KentuckyMARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.