

Dr F. O. Young

Form No. 1-100 M-4-10-11.
PLACE OF DEATH
County Jefferson
Vol. Pat.
Inc. Town Summit
City Summit (No. North Main Hospital St.)
WARD

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 330
Primary Registration Dist. No. 7265
FULL NAME Grace E. Sumner

File No. 11598
Registered No. 434
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

DELAY

PERSONAL AND STATISTICAL PARTICULARS

1 SEX F 2 COLOR OR RACE W 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
4 DATE OF BIRTH apl 14 1912
7 AGE 16 yrs. 16 mos. 6 ds. If LESS than 1 day... hrs., or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Lex Ky

PARENTS
10 NAME OF FATHER Gordon Sumner
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Estelle Berry
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Gordon Sumner
(Address) Greenville Ky

15 Filed May 3, 1912 W. M. Houbrock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH apl 30, 1912
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from apl 12, 1912, to apl 30, 1912, that I last saw her alive on apl 30, 1912, and that death occurred, on the date stated above, at 2:30 p.m.
The CAUSE OF DEATH* was as follows:
Menigitis

Contributory different delivery
(Signed) F. O. Young, M. D.
181 (Address) Lex Ky

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death X yrs. X mos. 5 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Born at Hospital

19 PLACE OF BURIAL OR REMOVAL Greenville Ky DATE OF BURIAL ..., 1912
20 UNDERTAKER H. C. Milward ADDRESS

U. S. - 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.