

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 County Muhlenberg  
 Vet. Pat. 15  
 Inc. Town Beaton  
 City..... (No..... St.;..... Ward)

Registration District No. 7125  
 Primary Registration Dist. No.....

File No. 2569  
 Registered No. 91

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

2 FULL NAME Garrie Jeff

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

10 DATE OF DEATH Jan 24, 1913  
(Month) (Day) (Year)

6 DATE OF BIRTH May 8, 1887  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1912 to Dec 10, 1912 that I last saw her alive on Dec 10, 1912 and that death occurred, on the date stated above, at 7 m.

7 AGE 25 yrs. 8 mos. 16 ds. If LESS than 1 day.... hrs., or.... min.?

The CAUSE OF DEATH\* was as follows: Chronic Gastritis  
 (Duration)..... yrs..... mos. 25 mo.

8 OCCUPATION (a) Trade, profession, or particular kind of work House Keeper  
 (b) General nature of industry, business, or establishment in which employed (or employer)

Contributory (SECONDARY) (Duration)..... yrs..... mos..... ds.

9 BIRTHPLACE (State or country) Ky

(Signed) E. B. Ellerton, M. D. Jan 5, 1913 (Address) Beaton

10 NAME OF FATHER John Collins

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Emie Reeves

13 BIRTHPLACE OF MOTHER (State or country) Tenn

\*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.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. R. Taffer (Address) Beaton Ky

19 PLACE OF BURIAL OR REMOVAL Wheat Crossroad DATE OF BURIAL 1-25, 1913

20 UNDERTAKER J. L. Thomas ADDRESS Beaton

Filed....., 191..... REGISTRAR

U. S. - Every item of information about a death is carefully verified. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain language so that it may be properly classified. Exact amount of OCCUPATION is very important. See instructions on back of certificate.