

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. Eastern Sanitarium #14  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 23302  
Registered No. 22  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Gladys Tyson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(Write the word)  
6 DATE OF BIRTH December 28<sup>th</sup> 1911  
(Month) (Day) (Year)  
7 AGE 8 yrs. 20 mos. 00 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) Muhlenberg Co

10 NAME OF FATHER Marshall A Tyson  
11 BIRTHPLACE OF FATHER (State or country) Kentucky  
12 MAIDEN NAME OF MOTHER Hillie Melton  
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Marshall A, Tyson  
(Address) Greenville Ky

15 Filed Sept 19, 1912 S. A. Stewart  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 18, 1912  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased on  
Sept 16, 1912, to \_\_\_\_\_, 191\_\_\_\_,  
that I last saw h. alive on Sept 14, 1912,  
and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Pertussis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.  
Contributory Pneumonia  
(Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Dr. Whitaker, M. D.  
Sept 19, 1912 (Address) Greenville

\*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 Private DATE OF BURIAL Sept 20, 1912  
20 UNDERTAKER Orrin L. Roark ADDRESS Greenville

2. 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.