

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

1 PLACE OF DEATH

County MuhlenbergVet. Post Disinfect

Inn. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 10941087Primary Registration District No. XXX(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)File No. 26087

Registered No. \_\_\_\_\_

2 FULL NAME Gillian Wecker

(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 <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)
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5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)7 AGE 22 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work Housekeeper  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) (State or country) Christiana City

PARENTS	10 NAME OF FATHER <u>Robert Moore</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Tenn</u>
	12 MAIDEN NAME OF MOTHER <u>Minnie General</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ky</u>

14 (Informant) W. G. Moore  
(Address) Greenville Ky15 Filed 10/9/28 1928 O. B. Wickliffe,  
By M. Wells. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 8, 1928  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Oct 8, 1928, that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above at 7:30 P.M.

The CAUSE OF DEATH\* was as follows:

Tuberculosis of Lungs.

Contributory \_\_\_\_\_ (Secondary)

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) J. S. Fitzhugh, M. D.(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

Georgia Chapel Oct 9, 1928  
UNDERAKERMosmade rd ADDRESS Greenville 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.

Do Not Stamp Here