

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

PLACE OF DEATH  
County *Jefferson*  
Vol. *15* Registration District No. *7351094* File No. ....  
Ino. Town *Bevier* Primary Registration District No. *6840* Registered No. *725*  
City (No. .... St., .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
FULL NAME *Grace Walker*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female*  
4 COLOR OR RACE *col*  
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*  
6 DATE OF BIRTH *Jan 6 1923*  
7 AGE *21 yrs 7 mos 9 ds* IF LESS than 1 day ... hrs. or ... min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work. *Homemaker*  
(b) General nature of industry, business or establishment in which employed (or employer)

16 DATE OF DEATH *Aug 13 1924*  
17 I HEREBY CERTIFY, That I attended deceased from *Aug 2 1924* to *Aug 15 1924*, that I last saw her alive on *Aug 15 1924*, and that death occurred on the date stated above at *6:18 a.m.* The CAUSE OF DEATH\* was as follows:  
*Arteriosclerosis*

9 BIRTHPLACE (State or country) *Hillsboro Tenn*  
10 NAME OF FATHER *Kirk Patton*  
11 BIRTHPLACE OF FATHER (State or country) *Tenn*  
12 MAIDEN NAME OF MOTHER *Emma L. Willis*  
13 BIRTHPLACE OF MOTHER (State or country) *Tenn*

Contributory (SECONDARY) *Cystitis*  
(Signed) *W. B. Bailey* M. D.  
*Aug 16 1924* (Address) *Central City*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Walter Morris*  
(Address) *Cleator Ky*  
15 Filed *Aug 15 1924* *A. Warren* REGISTRAR

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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 t's. State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence  
19 PLACE OF BURIAL OR REMOVAL *Reckard Cem* DATE OF BURIAL *Aug 16 1924*  
20 UNDERTAKER *Gas & Lopez Central City* ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be in years, months and days. EXACTLY. OCCUPATION is very important. See instructions on back of certificate.