

## 1 PLACE OF DEATH

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

18253

County Monroe

File No. ....

Vot. Pct. .... Registration District No. 1064Registered No. 48Inc. Town Tompkinsville, Ky Primary Registration District No. 28 2420

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

City (No. .... St., .... Ward)

2 FULL NAME Alice Cook, Tompkinsville, Ky.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 Single Married  
Married in Married  
Widowed in Married  
or Divorced  
(Write the word)6 DATE OF BIRTH June 19 1881  
(Month) (Day) (Year)7 AGE 57 yrs. 1 mos. 12 ds.  
IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work. housekeeper  
(b) General nature of industry, business or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Ky

## PARENTS

10 NAME OF FATHER John Gibbs (Gibbs)11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Dona Woods13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edgar Cook  
Tompkinsville, Ky.  
(Address)15 Filed 8/2/38, 192 Sever E. Leseur  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 31 1938  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from ..... 192....., to ..... 192....., that I last saw h..... alive on ..... 192....., and that death occurred on the date stated above at 8 A.M.The CAUSE OF DEATH\* was as follows:  
Death nephritis  
191  
(Duration) ..... yrs. .... mos. .... ds.Contributory (Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.  
(Signed) Geo. E. Bushong, M. D.  
(Address) ..... 192.....

\*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 ..... In the  
of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted,  
if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Run Fountain Cem't. DATE OF BURIAL 7/31/38, 19220 UNDERTAKER L.K. Yokley, Tompkinsville, Ky.  
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information could be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. It statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING