

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

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.

1 PLACE OF DEATH

County Allen  
 Civil Dist. Shelburn  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, Ward \_\_\_\_\_)

KENTUCKY  
 STATE OF ~~TENNESSEE~~  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

21

Registration District No. 3954  
 Primary Registration District No. \_\_\_\_\_

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

2 FULL NAME Melinda Smith Gisp

**DELAY**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed  
 6 DATE OF BIRTH Aug. 16, 1944  
 (Month) (Day) (Year)  
 7 AGE 86 yrs. 4 mos. 14 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 occupation in which employed (or employe).

9 BIRTHPLACE (State or country) Kentucky.

10 NAME OF FATHER Jake Goodman,

11 BIRTHPLACE OF FATHER (State or country) Kentucky.

12 MAIDEN NAME OF MOTHER Nancy Hunt,

13 BIRTHPLACE OF MOTHER (State or country) unkn. Jpn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Mrs. W. M. Farley,  
 [Address] Holland, Ky. R.R. # 1.

15 Filed 2/9 33 Mary G. Satter  
 REGISTERED

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 30, 1930  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24th, 1930 to Dec. 30th, 1930, that I last saw her alive on Dec. 30th, 1930 and that death occurred, on the date stated above, at 1 PM  
 The CAUSE OF DEATH\* was as follows:  
Broncho-Pneumonia

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.  
 Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed J. H. Gentry, M. D.  
Dec 31, 1931 Address Holland, Ky.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. State whether or not an operation was performed.

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 Fountain Run, Ky. DATE OF BURIAL Dec. 31, 1930

20 UNDERTAKER C. G. Dillard, Lafayette ADDRESS \_\_\_\_\_