

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated in full years, months, and days. 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.

Form V. S. 1-A—50m—4-17-31		COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS		22031	
1. PLACE OF DEATH					
County _____		Registration District No. _____		Registered No. _____	
Vot. Pct. _____		Primary Registration District No. _____			
Inc. Town _____					
City _____ (No. _____ St. _____ Ward _____)					
(If death occurred in a hospital or institution, give its NAME instead of street and number)					
2. FULL NAME <u>William H. Gerald</u>					
(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			MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)		21. DATE OF DEATH <u>XXXX Sept. 29</u> 19 <u>33</u>	
male	white	widowed		22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 22</u> , 19 <u>31</u> to <u>Sept. 29</u> , 19 <u>33</u>	
23. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rebecca Gerald</u>			I last saw <u>alive on Sept. 27</u> , 19 <u>32</u> , death is said to have occurred on the date stated above, at <u>11:30 A. M.</u> The principal cause of death and related causes of importance in order of onset were as follows:		
6. DATE OF BIRTH <u>Dec. 3 1854</u>	7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Physician</u>			Date of onset		
9. Industry or business in which work was done, as silk mill, cannery, bank, etc. _____			<u>Paralysis of heart</u>		
10. Date deceased last worked at this occupation (month and year) _____			<u>Heart troubles duration</u>		
11. Total time (years) spent in this occupation _____			Contributory causes of importance not related to principal cause:		
12. BIRTHPLACE <u>Kentucky</u>			<u>Old age, and</u>		
13. NAME <u>Jantha Gerald</u>			<u>Heart troubles</u>		
14. BIRTHPLACE <u>Kentucky</u>			Name of operation _____ Date of _____		
15. MAIDEN NAME <u>Sarah Copass</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____		
16. BIRTHPLACE <u>Kentucky</u>			23. If death was due to external causes (violence). All in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19 _____		
17. INFORMANT <u>H. L. Gung, J. ds.</u>			Where did injury occur? _____		
(Address) <u>Moshack, K.</u>			Specify whether injury occurred in industry, in home, or in public place.		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt. Harman Cemt., Dues, Sept. 30, 1933</u>			Manner of injury _____		
19. UNDERTAKER <u>I. A. Yokley</u>			Nature of injury _____		
(Address) <u>Tompkinsville, K.</u>			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____		
20. FILED _____ 19 _____			(Signed) <u>W. B. Bowman</u> M. D.		
			(Address) <u>Boyd-Kinrossville Ky</u>		
			Registrar,		