

FORM V - 1-800M 2-29-12

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

(P) 17798

PLACE OF DEATH
County Grafton
Vot. Prec. E. Macedonia #1 Registration District No. 4400
Incl. Town Primary Registration District No. 1921
City (No. St., Ward) [If death occurred in a hospital or institution, give its name instead of street and number.]
1 FULL NAME Elysa Marshall File No. Registered No. 17

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	16 DATE OF DEATH <u>7 23 1916</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>May 1 1846</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>7-13</u> , 191 <u>6</u> , to <u>7-23</u> , 191 <u>6</u> , that I last saw him alive on <u>7-23</u> , 191 <u>6</u> , and that death occurred on the date stated above at <u>11:45 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u>	
7 AGE <u>70</u> yrs. <u>2</u> mos. <u>21</u> ds. IF LESS than 1 day ... hrs. or ... min.?			Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housekeeper</u> (b) General nature of industry business or establishment in which employed (or employer)			(Signed) <u>Emberley</u> , M. D. <u>7-25</u> , 191 <u>6</u> (Address) <u>Williamstown</u>	
9 BIRTHPLACE (State or country) <u>Ky</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
PARENTS	10 NAME OF FATHER <u>Mrs. Hedger</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Bourbon Co., Ky</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death?	
	12 MAIDEN NAME OF MOTHER <u>Linaida Cox</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Montgomery Co., Ky</u>	Former or usual residence	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Thos Marshall</u> (Address) <u>Williamstown Ky</u>			19 PLACE OF BURIAL OR REMOVAL <u>Williamstown Ky</u> DATE OF BURIAL <u>7/25 1916</u>
15 Filed <u>7/25 1916</u> <u>J. N. Shields</u> REGISTRAR			20 UNDERTAKER <u>O. P. Ellisston</u> ADDRESS <u>Wm. Town Ky</u>	

11-3184

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD
 E. E.—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 understood. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.