

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

14260

PLACE OF DEATH

County Jefferson

Vot. Pk. _____

Registration District No. _____

File No. _____

Registered No. 2426

Ine. Town _____

Primary Registration District No. _____

City Louisville(No. Pandeen St. 24 Ward)

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

2 FULL NAME Mrs. Gattie Elizabeth Parker(a) Residence. No. 2426Barstowen St., Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U. S., if of foreign birth? yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single married, Widowed

or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
1 day ___ hrs.
or ___ min. 718. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. _____10. Date deceased last worked at 11. Total time (years)
this occupation (month and spent in this
year occupation12. BIRTHPLACE (city or town) Nelson Ky.
(State or country)13. NAME Wm. Brown14. BIRTHPLACE (city or town) Nelson Co
(State or country)15. MAIDEN NAME Rebecca Milkikin16. BIRTHPLACE (city or town) Ky.
(State or country)17. INFORMANT W. O. Stiles
(Address) Barstowen St.

18. BURIAL, CREMATION, OR REMOVAL

Place Barstowen Date 6/27, 193019. UNDERTAKER Modern Funeral Co
(Address) Barstowen Ky.

20. FILED _____, 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/24, 1930

22. I HEREBY CERTIFY, That I attended deceased from

June 12, 1930 to June 24, 1930I last saw the ailing on June 24, 1930, death is saidto have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance

in order of onset were as follows:

Senile DementiaDate of
onsetContributory causes of importance not related to
principal cause:Arthritis

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ Date of injury 19 _____

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in
public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? _____ If so, specify _____(Signed) Shirley G. Pandeen R.D. 2(Address) 1425 S. Fourth St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be printed. AGE should be stated EXACTLY. PHYSICIANS SHOULD state the CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCCUPATION

MOTHER FATHER