

11116

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. ....

Registered No. 1331. PLACE OF DEATH  
**Muhlenburg**

County .....

Vot. Pot. ....

Inc. Town **Depoy**Registration District No. 1085Primary Registration District No. 7498City ....., (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME **Edward Gambel**(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

3. SEX **M** 4. COLOR OR RACE **Colord** 5. Single, Married, Widowed or Divorced, (write the word) **Married**5a. If married, widowed, or divorced HUSBAND of **Jennie Gamble** (or) WIFE of6. DATE OF BIRTH **Sept; 15 1862**7. AGE Years Months Days If LESS than 1 day ..... hrs. or ..... min.  
**77 6 18**

8. 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, sawmill, bank, etc. **Miner**

10. Date deceased last worked at this occupation (month and year). 11. Total time (years) spent in this occupation.

12. BIRTHPLACE **Muhlenburg**13. NAME **Albert Gamble**14. BIRTHPLACE **Muhlenburg**15. MAIDEN NAME **DOBBER Lewis**16. BIRTHPLACE **Muhlenburg**17. INFORMANT **Jennie Gambel**(Address) **Depoy Ky.**

18. BURIAL, CREMATION, OR INTERMENT

Place **Greenville** Date **4/4** 19 **39**19. UNDERTAKER **Wagon S. Elliott**(Address) **Greenville Ky.**20. FILED **4-4** 19 **39** **James Cates**

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH **April 3**, 19 **39**22. I HEREBY CERTIFY, That I attended deceased from **Mar 3**, 19 **39** to **April 1**, 19 **39**

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance in order of onset were as follows:

**Myocarditis Chronic**

Date of onset

Contributory causes of importance not related to principal cause: **Filari**

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 city or town, county, and State)  
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) **J. C. Woodburn** 9630, M. D.(Address) **Greenville Ky**

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. Every item of information should be carefully supplied and state CAUSE OF DEATH in plain terms, so that it may properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING