

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

PLACE OF DEATH
County *Muhlenberg*
City *Drakesboro*
Ino. Town *5*
City *(No. St. Ward)*
FULL NAME *Vera Vaughan*

File No.
Registered No. *41*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District No. *10 89*
Primary Registration District No. *4821*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> <small>(Write the word)</small>
6 DATE OF BIRTH, 1..... <small>(Month) (Day) (Year)</small>		
7 AGE <i>29</i> yrs..... mos..... ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>at home</i> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <i>Huntsville, Ky</i>		
PARENTS	10 NAME OF FATHER <i>Phillip Grubb</i>	
	11 BIRTHPLACE OF FATHER (State or country) <i>Huntsville Ky</i>	
	12 MAIDEN NAME OF MOTHER <i>Pheme Waddell</i>	
	13 BIRTHPLACE OF MOTHER (State or country) <i>Rochester Ky</i>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 12 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Sept 10, 1922* to *Oct 12, 1922*, that I last saw her alive on *Oct 12, 1922* and that death occurred on the date stated above at *10 a.m.* The CAUSE OF DEATH* was as follows:
Cancer of Stomach.
(Duration) 1. yrs. 6. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) *H. D. Sherman*, M. D.
Oct. 30., 1922 (Address) *Drakesboro Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVEL AGENTS 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?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Walson Vaughan*
Drakesboro Ky
(Address)

15 *J. R. Kimmel*
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *Huntsville Ky* DATE OF BURIAL *Oct. 13, 1922*

20 UNDERTAKER *J. R. Kimmel* ADDRESS *Drakesboro Ky*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.