

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No.

Registered No. 49

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

1 PLACE OF DEATH

County Martin

Vet. Fet.

Inc. Town Central City

City Central City (No. St., Ward)

Registration District No. 1087

Primary Registration District No. 2435

2 FULL NAME Levin Gency

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH March 13 1877
(Month) (Day) (Year)

7 AGE 77 yrs. 4 mos. 19 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER George Gency

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Elizabeth Gency

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. W. Walker

(Address) Central City

Filed 9/2 1924 L. L. Blandford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 2 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7-30, 1924, to 8-2, 1924, that I last saw him alive on 8-2, 1924, and that death occurred on the date stated above at 2 p.m.

The CAUSE OF DEATH* was as follows:
apoplexy
(Duration) yrs. mos. 4 ds.

Contributory (Secondary) (Duration) yrs. mos. ds.
(Signed) J. H. Taylor M. D.
....., 1924. (Address) Central City Ky

*State the Disease Causing Death; or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suteidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Russellville Ky DATE OF BURIAL Aug 2 1924

20 UNDERTAKER Moore and Co ADDRESS Central City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
M. D.—Every item of information should be carefully supplied. AGE should be stated in full terms. CAUSE OF DEATH in plain terms. Occupation of OCCUPATION is very important. See instructions on back of certificate.