

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

5730

1 PLACE OF DEATH

County Floyd

File No. _____

Vot. Prec. Madison

Registration District No. 531

Registered No. _____

Inc. Town Estill Ky

Primary Registration District No. 2171

City _____ (No. _____) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grofton Miloughly St. _____ Ward _____
(a) Residence, No. _____ (If nonresident, give city or town and State)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Dec. 20 1926
(Month) (Day) (Year)

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

17 I HEREBY CERTIFY, That I attended deceased
from Jan, 1926, to Dec. 20, 1926
that I last saw him alive on Dec. 28, 1926

6 DATE OF BIRTH Jan. 9, 1863
(Month) (Day) (Year)

and that death occurred on the date stated above at _____ M.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis

7 AGE 63 yrs. 11 mos. 21 ds.
IF LESS than 1 day _____ hrs or _____ min?

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

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) Asthma
(Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) Ky.
(State or country)

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

PARENTS
10 NAME OF FATHER Bill Dockery
11 BIRTHPLACE OF FATHER (city or town) Ky.
(State or country)
12 MAIDEN NAME OF MOTHER Sally Ann Dockery
13 BIRTHPLACE OF MOTHER (city or town) Ky.
(State or country)

Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) M. S. Whalen, M. D.
1720, 1926 (Address) Wayland Ky

14 (Informant) _____
(Address) _____

*State the Disease Causing Death, or in deaths from violent causes, state (1) Manner and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

15 Filed 12/20, 1926 Wm. M. D. Wick
Registrar

19 PLACE OF BURIAL OR REMOVAL Estill Cemetery DATE OF BURIAL 12/31, 1926
20 UNDERTAKER _____ ADDRESS _____

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

DELAY

60
2/20/27