

Form V. S. 1-50m-8-25-23

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

26848

1 PLACE OF DEATH
County Clack
City Ford

2 FULL NAME Dolly L. Muncy

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

6 DATE OF BIRTH Nov 30 1924
(Month) (Day) (Year)

7 AGE 1 yrs. 1 mos. 0 ds. IF LESS than 1 day 0 hrs. or 0 min?

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

PARENTS
10 NAME OF FATHER Wil. Muncy
11 BIRTHPLACE OF FATHER (State or country) Ill. Co. Ill.
12 MAIDEN NAME OF MOTHER Ida Ackerly
13 BIRTHPLACE OF MOTHER (State or country) Ill. Co. Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr R H Ackerly
(Address) Ford Ky

15 DATE OF DEATH Dec 31 1924
16 DATE OF DEATH Dec 30 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1924 to Dec 30 1924 that I last saw her alive on Dec 30 1924 and that death occurred on the date stated above at 8 P.M.
The CAUSE OF DEATH* was as follows:
Infantile Paralysis
(Duration) 0 yrs. 0 mos. 0 ds.
Contributory Undetermined
(Duration) 0 yrs. 0 mos. 0 ds.
(Signed) J. G. Pennington, M. D.
Dec 31 1924 (Address) 1111 1/2

*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, Transients or Recent Residents)
at place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted,
if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Wagner's DATE OF BURIAL Dec 28 1924
20 UNDER TAKER Father ADDRESS WINCHESTER, KY.

11-5114

Dr. Pennington