

Ellison, George Thomas 1858 - 1928

Form V. S. 1-50m-4-23-27

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

County Jefferson File No. 31307  
 Vol. Pat. \_\_\_\_\_ Registration District No. 790 Registered No. \_\_\_\_\_  
 Inc. Town \_\_\_\_\_ Primary Registration District No. 2790  
 City Bowling Green (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George T. Ellison  
 (a) Residence. No. 514 E. 16<sup>th</sup> St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred yrs. mos. ds. New long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Dec 21 1928</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, that I attended deceased from <u>Nov. 25</u> , 19 <u>28</u> to <u>Dec. 21</u> , 19 <u>28</u> and that I last saw him alive on <u>Dec. 21</u> , 19 <u>28</u> and that death occurred on the date stated above at <u>508</u> . The CAUSE OF DEATH* was as follows: <u>Chronic Interstitial Nephritis</u>	
6a If married, widowed, or divorced HUSBAND or WIFE <u>Ann M. Culbertson</u>			18 WHERE WAS DISEASE CONTRACTED If not at place of death? <u>Home</u>		
6 DATE OF BIRTH <u>June 19 1858</u> (Month) (Day) (Year)			Did an operation precede death? <u>No</u> Date of _____		
7 AGE <u>70</u> yrs. <u>6</u> mos. <u>2</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			Was there an autopsy? <u>No</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Retired</u> (b) General nature of industry, business or establishment in which employed (or employer)			What test confirmed diagnosis? <u>Shipman</u> (Signed) <u>A. Schmitt</u> M.D. <u>Dec. 19 1928</u> (Address) <u>Cornington Ky</u>		
9 BIRTHPLACE (city or town) (State or country) <u>Bowling Green Ky</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether accidental, Suicidal or Homicidal. (See reverse side for additional space.)		
PARENTS	10 NAME OF FATHER <u>Christ Ellison</u>		19 PLACE OF BURIAL OR REMOVAL <u>Nightland Km</u>		
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ky</u>		DATE OF BURIAL <u>Dec 24 1928</u>		
	12 MAIDEN NAME OF MOTHER <u>Mrs. A. Sacker</u>		20 UNDERTAKER <u>J. M. Smith</u>		
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ky</u>		ADDRESS <u>Cornington</u>			
14 (Informant) <u>Mrs. Anna M. Ellison</u> (Address) <u>Cornington</u>			15 PLACE OF DEATH <u>Home</u>		
15 Filed <u>1702</u> , 19 <u>28</u> <u>J. M. Smith</u> Registrar			16 SIGNATURE OF DECEASED <u>George T. Ellison</u>		

At \_\_\_\_\_  
W. A. Schmitt 1810<sup>th</sup> Ward

NECESSARY NAME of information should be carefully supplied. AGE should be stated EXACTLY. 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.