

Caudill, Gracie 1920 - 1943

Form V. B. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

State File No. **28248**
 Registrar's No. **3321**

Registration District No. **1170** Primary Registration District No. **17801**

1. PLACE OF DEATH:
 (a) County **Henry**
 (b) City or town **Paris**
 (c) Name of hospital or institution **Madison Hospital**
 (d) Length of stay in hospital or community **01** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Ky** (b) County **Henry**
 (c) City or town **Paris**
 (d) Street No. _____ (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME **Gracie Caudill**
 3(b) If veteran, _____ 3(c) Social Security _____
 Name war _____ No. _____
 4. Sex **F** 5. Color **Wh** 6(a) Single, widowed, married, divorced **Single**

6(b) Name of husband or wife _____
 6(c) Age of husband or wife if _____ Years
 7. Birth date of deceased **Nov. 6 1920** (Month) (Day) (Year)

8. AGE **22** Years **11** Months **01** Days If less than one day, hr. min.

9. Birthplace **Paris, Ky**
 10. Usual occupation **Barber**
 11. Industry or business **Car Wash**

FATHER
 12. Name **Ray Caudill**
 13. Birthplace **Paris, Ky**

MOTHER
 14. Maiden name **Phyllis Williams**
 15. Birthplace **Paris, Ky**

16(a) Informant's own signature **Birant Caudill**
 (b) Address **Budan**

17. BURIAL, CREMATION, OR REMOVAL
 Place **Paris, Ky** Date **12-29 1943**

18(a) Signature of funeral director **H. O. ...**
 (b) Address **Paris, Ky**

19(a) **12-31-43** (Date received by local registrar) _____ (Registrar's signature)

20. DATE OF DEATH **Dec. 29 1943**
 21. I hereby certify that I attended the deceased from **Dec 29 1943** to **Dec 29 1943** that I last saw him alive on **Dec 29 1943** and that death occurred on the date stated above at **Paris, Ky** M.
 Immediate cause of death **typhoid fever** DURATION **3 wks**
 Due to _____
 Other conditions **none known** (include pregnancy within 3 months of death)
 Major findings:
 Of operations **1 - T.D.**
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ Means of injury _____
 23. Signature **Phyllis S. ...** (M. D. or other) _____
 Address **Paris, Ky** Date signed **Dec 29 1943**