

FORM V - 1-10-08 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County *Pratt* Registration District No. *950* File No. *8871*
Vol. No. *235* Primary Registration District No. *R496* Registered No. *8871*
Inc. Town *Hopewell* City (No.) St. Ward)
2 FULL NAME *Dora Gullett*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*

6 DATE OF BIRTH *12/27* 19*15*
(Month) (Day) (Year)

7 AGE *2 mos. 23 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) *Pratt Co*

PARENTS

10 NAME OF FATHER *Sam Gullett*
11 BIRTHPLACE OF FATHER (State or country) *Ky.*
12 MAIDEN NAME OF MOTHER *Ellie Gullett*
13 BIRTHPLACE OF MOTHER (State or country) *Pratt*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Sam Gullett*
(Address) *Hopewell Ky*

15 Filed 191*5* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *3* *10* *1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *3/10*, 191*5*, to *3/10*, 191*5*, that I last saw him alive on *3/10*, 191*5*, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:
Immaturity

(Duration) ... yrs. ... mos. ... ds.

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

(Signed) *Taylor Huseh*, M. D.
3/10, 191*5* (Address) *Hopewell Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
..... 191*5*

20 UNDERTAKER ADDRESS

11-3184

NOTE: PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item 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 readily understood. Exact statement of OCCUPATION is very important. See instructions on back of certificate.