

31791

FORM V - 1-1908
 Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Fayette

2 FULL NAME Ollie Lee McCoy

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

6 DATE OF BIRTH Feb 26 1914

7 AGE 1 yrs. 5 mos. 9 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) None

9 BIRTHPLACE (State or country) Bourbon Co - Ky

10 NAME OF FATHER Wm McCoy Jr

11 BIRTHPLACE OF FATHER (State or country) Woodford Co. Ky

12 MAIDEN NAME OF MOTHER Diana Burton

13 BIRTHPLACE OF MOTHER (State or country) Garrett Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm McCoy (Address)

15 Filed Aug 5 1915 Chas Harrison REGISTRAR

16 DATE OF DEATH Aug 5 1915

17 I HEREBY CERTIFY, that I attended deceased from Aug 1 1915, to Aug 5 1915; that I last saw her alive on Aug 4 1915; and that death occurred on the date stated above at 8 a.m. The CAUSE OF DEATH* was as follows:
Gastro-Intest. Colic
 (Duration) ... yrs. ... mos. 7 ds.
 Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.
 (Signed) Arthur Taylor M. D. (Address) Frank Taylor, Ky

*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 ... 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 Lexington, Ky DATE OF BURIAL Aug 6, 1915

20 UNDERTAKER Wm Bro Lexington, Ky

11-3184