

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

1975

1 PLACE OF DEATH

County Bath

Vol. No. 101

Registration District No. 02

Inc. Town (outside town limits)

Primary Registration District No. 4084

File No.

Registered No.

[If death occurred in a hospital or institution, give its NAME (instead of street and number.)]

City (No. St., Ward)

2 FULL NAME Lucille Goldy

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH X (Month) 1 (Day) (Year)

7 AGE 10 years old IF LESS than 1 day ... hrs. or ... 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) Ky

10 NAME OF FATHER John Goldy

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Minnie Goldy

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Goldy (Address) Salt Lake Ky

15 Filed 8-13, 1975 14-S.C. Alexander Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 12, 1975
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 2, 1975 to Aug 12, 1975, that I last saw her alive on Aug 12, 1975 and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

Typhoid fever,
(Duration) yrs. mos. 11 ds.

Contributory (Secondary) Endocarditis
(Duration) yrs. mos. 3 ds.

(Signed) D.P. Claypool, M.D.
Aug 13, 1975 (Address) Salt Lake

*State whether CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER 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 Yones grass DATE OF BURIAL Aug 13, 1975

20 UNDERTAKER Beata Vaughan ADDRESS Salt Lake Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.