

County Bath  
Mr. Paul Galt GaltRegistration District No. 52

26806

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_In. Town \_\_\_\_\_ Primary Registration District No. 4083

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If deceased returned to a hospital or institution, give the NAME instead of street and number)

2 FULL NAME Lucy Alfrey

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(If deceased, state city or town and State)

## 3. MEDICAL CERTIFICATE OF DEATH

4. DATE OF DEATH Nov. 24, 1934

5. I HEREBY CERTIFY, THAT I personally deceased

6. (Name) \_\_\_\_\_ 16. 18. 19.

7. that I last saw him/her on \_\_\_\_\_ 18.

8. and that death occurred on the date stated above at \_\_\_\_\_ 19.

9. THE CAUSE OF DEATH was as follows:

(Alfrey's) Paralysis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ d.

10. Contributory (Antecedents) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ d.

11. WHERE WAS DISEASE CONTRACTED?

12. If not at place of death? \_\_\_\_\_

13. Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

14. Was there an autopsy? \_\_\_\_\_

15. What test confirmed diagnosis? \_\_\_\_\_

16. Signed \_\_\_\_\_ M. D. \_\_\_\_\_

17. (Address)

18. Name the Disease Contracted, or, In Deaths from Violence  
Disease, state if Arson and nature of Injury; and if no  
Accidental, suicidal or homicidal, give reason why not  
so classed.

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20. BURIED IN Buried Cem., Nov 25-3421. CONDUCTED BY Barney Horne, Bell Lin

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 If necessary, name of informant  
 state CAUSE OF DEATH in plain terms, if there is any;  
 important, see instructions on back of certificate.