

MARRIAGE REGISTERED FOR BIRTH. THIS IS A PRELIMINARY STATEMENT OF DEATH. IT IS NOT TO BE USED AS EVIDENCE IN ANY COURT OF LAW. IT IS THE DUTY OF THE REGISTRAR TO CORRECT ANY ERRORS OR OMISSIONS. THE CAUSE OF DEATH IS TO BE FURNISHED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH. IT IS THE DUTY OF THE REGISTRAR TO CORRECT ANY ERRORS OR OMISSIONS. THE CAUSE OF DEATH IS TO BE FURNISHED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

**COMMONWEALTH OF KENTUCKY**  
 DEPARTMENT OF COMMERCE  
 Bureau of the Census

Form No. 10  
 16041  
 27

**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Registration District No. 120      District Registration District No. 2149

<p>1. PLACE OF DEATH</p> <p>(a) County <u>Rowan</u></p> <p>(b) City or town <u>Bural</u></p> <p>(c) Name of hospital or institution <u>Blounts, Ky</u></p> <p>(d) Length of stay in hospital or institution <u>Seven months or more</u></p>	<p>2. USUAL RESIDENCE OF DECEASED</p> <p>(a) County <u>Roy</u></p> <p>(b) City or town <u>Bural</u></p> <p>(c) Street No. <u># 11</u></p> <p>(d) If foreign born, Year long in U. S. A. T. _____</p>
<p>3. FULL NAME <u>Blenis Wayne Gilkison</u></p> <p>(a) If widow, _____ (b) Social Security _____</p> <p>4. SEX <u>male</u>      (a) Color of hair <u>white</u>      (b) Color of eyes <u>blue</u></p> <p>5. AGE <u>9</u>      (a) Months <u>11</u>      (b) Days <u>16</u>      (c) Year <u>1935</u></p> <p>6. BIRTHPLACE <u>Rowan Co. Ky</u></p> <p>7. Usual occupation _____</p> <p>8. Industry or business _____</p> <p>9. Name <u>R. H. Gilkison</u></p> <p>10. Surname <u>Roy</u></p> <p>11. Maiden name <u>Viola Ingram</u></p> <p>12. Surname <u>Roy</u></p>	
<p>13. Informant's name <u>Miss Virginia B. Huff</u></p> <p>14. Address <u>2322 Schen Road, Dayton, Ohio</u></p> <p>15. BUREAU OF VITAL STATISTICS, OHIO</p> <p>Name <u>James G. Gandy</u>      Date <u>June 27, 1941</u></p> <p>16. (a) Telephone <u>Morehead, Ky</u>      (b) Signature <u>James G. Gandy</u></p> <p>17. (a) Date received by local registrar <u>6-27-41</u>      (b) Registrar's Signature <u>Richard</u></p>	

18. MEDICAL OFFICER'S SIGNATURE James G. Gandy      DATE OF DEATH June 27, 1941  
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