

MARGIN RESERVED FOR BINDING

WITH UNFADING INK—THIS IS A PAPER
 1. B.—Every item of information should be carefully supplied. All entries should be stated EXACTLY. PRINTS OR SHORTHAND SHOULD NOT BE USED.
 2. B.—NAME OF DEATH CAUSE IS PLAIN TERM, so that it may be properly classified. Exact statement of DEATH CAUSE is very important. See instructions on back of certificate.

PLACE OF DEATH County <u>Roscoe</u> Vet. Post <u>#2 Farmers</u> Inc. Town <u>Farmers</u> City <u></u>		Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH R.D. # 7492	
		File No. <u>13782</u> Registered No. <u>15</u>	(If death occurred in hospital or institution, give its NAME instead of street and number.)
1. FULL NAME <u>Levillie Gullett</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	2. MARRIED, WIDOWED, DIVORCED, UNMARRIED <u>Single</u>	3. DATE OF BIRTH <u>Oct. 1st, 1911</u> (Month) <u>Oct.</u> Day <u>1st</u> Year <u>1911</u>
4. AGE <u>7 yrs. 7 mos. 7 days</u>	5. IF LESS THAN 1 day... hrs. or... min.	6. DATE OF DEATH <u>May 7th, 1912</u> (Month) <u>May</u> Day <u>7th</u> Year <u>1912</u>	
7. OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry business, or establishment in which employed (or employer) <u>None</u>		8. I HEREBY CERTIFY That I attended deceased from <u>May 1st, 1912</u> , to <u>May 7th, 1912</u> , that I last saw her alive on <u>May 7th, 1912</u> , and that death occurred on the date stated above, at <u>11:45 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Pertussis</u>	
9. BIRTHPLACE (State or country) <u>Kewan Co., Ky.</u>		10. NAME OF FATHER <u>John Mason Gullett</u>	
11. BIRTHPLACE OF FATHER (State or country) <u>Ky. Jefferson Co., Ky.</u>		12. MAIDEN NAME OF MOTHER <u>Alpha White</u>	
13. BIRTHPLACE OF MOTHER (State or country) <u>Ky. Jefferson Co., Ky.</u>		14. LENGTH OF RESIDENCE (IN HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mo. ... ds. State ... yrs. ... mo. ... ds. Where was disease contracted? If not at place of death?	
15. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>H. Almoechee</u> (Address) <u>Farmers, Ky.</u>		16. PLACE OF BURIAL OR REMOVAL UNDERTAKER <u>James Cemetery</u> <u>A. L. Green</u>	
17. File May 7, 1912 H.D. Myers REGISTRAR		DATE OF BURIAL ADDRESS <u>May 8, 1912</u> <u>Farmers 12</u>	

*Note the DISEASE CAUSING DEATH, OR IN ADDITION FROM VIOLENT CAUSES, DATE
 (1) Means of INTERVIEWED (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

18. LENGTH OF RESIDENCE (IN HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place
of death ... yrs. ... mo. ... ds. State ... yrs. ... mo. ... ds.
Where was disease contracted?
If not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL
UNDERTAKER
James Cemetery
A. L. Green

20. DATE OF BURIAL
ADDRESS
May 8, 1912
Farmers 12