

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK.—This is a PERMANENT RECORD. Every item of information should be carefully supported by EXACTLY PLAIN language 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.

Form V. & 1-A

**Dr. S. E. Spratt.**  
**COMMONWEALTH OF KENTUCKY**  
 State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

File No. 10599  
 Registered No. 66

**1. PLACE OF DEATH**  
 County Montgomery Co., Ky.  
 Vol. Pat. Camargo  
 Inc. Town \_\_\_\_\_  
 City Mt. Sterling, Ky.

Registration District No. 1070  
 Primary Registration District No. 6752 P. 4

**2. FULL NAME** Callie Gibson  
 (a) Residence No. Camargo Pike  
 (Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred    yrs.    mos.    ds.    How long in U. S.    If of foreign birth    yrs.    mos.    ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. Single, Married, Widowed or Divorced (write the word) <b>WIDOWED</b>
6. If married, widowed, or divorced HUSBAND or WIFE of <b>D. P. Gibson</b>		
7. DATE OF BIRTH <b>August 6, 1888</b>		
7. AGE	Year	Month
	<b>71</b>	<b>8</b>
		Day
		<b>17</b>
8. Trade, profession, or particular kind of work done, as milliner, seaman, bookkeeper, etc. <b>Housewife</b>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total (how long) spent in this occupation		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH **April 25, 1935**

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935 to April 23, 1935.  
 I first saw h. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11 P.M.  
 The principal cause of death and related causes of importance in order of onset were as follows:  
Chronic Interstitial Nephritis    Date of onset 8/1934

Contributory causes of importance not related to principal cause: \_\_\_\_\_

**12. BIRTHPLACE** Montgomery Co., Ky.  
**13. NAME** I Wilson  
**14. BIRTHPLACE** Virginia  
**15. MAIDEN NAME** Sahara Wilson  
**16. BIRTHPLACE** Virginia.  
**17. INFORMANT** Mr. Chapman Gibson.  
 (Address) Mt. Sterling, Ky R. F. D. #3  
**18. BURIAL, CREMATION, OR REMOVAL**  
Gibson Cem.    Date April 25, 1935  
**19. UNDERTAKER** Eastin & Keal  
 (Address) Mt. Sterling Ky.  
**20. FILED** Apr. 24, 1935    Miss G. B. Smith

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Was there an autopsy? \_\_\_\_\_  
**23. If death was due to external causes (violence) fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
**24. Was disease or injury in any way related to occupation of deceased?** No. If so, specify \_\_\_\_\_  
 (Signed) S. E. Spratt    M. D.  
 (Address) Mt. Sterling, Ky