

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND. NOT A WHITE BACKGROUND

FORM V-3, NO. 1-A REV. 1-56 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. <u>116</u>	67 16693
Registration District No. <u>811</u>		Primary Registration District No. <u>6351</u>			
1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE a. STATE <u>Ky.</u> b. COUNTY <u>Knox</u>			
b. CITY OR TOWN <u>Woodbine</u>		c. CITY OR TOWN <u>Woodbine</u>		d. LENGTH OF STAY (100 DAYS OR MORE) <u>years</u>	
3. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS <u>R1 Box 17</u>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
4. NAME OF DECEASED MARY POLLY GABAARD		5. DATE OF DEATH 6-12-67		6. IS RESIDENCE IN A CITY LIMITED?	
7. SEX <u>F</u>		8. COLOR OF HAIR <u>W</u>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widow</u>	
10. DATE OF BIRTH <u>Apr 20 1876</u>		11. AGE (in years last birthday) <u>91</u>		12. Under 1 Year of Delay in Reporting: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
13. USUAL OCCUPATION: (Give kind of work done during hours of working life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY		15. BIRTHPLACE (Name of Social Security) <u>Clayco, Ky</u>	
16. FATHER'S NAME <u>Ed Philpot</u>		17. MOTHER'S MAIDEN NAME <u>Louise Reed</u>			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.		20. INFORMANT <u>daughter; Louise Furnier</u>	
21. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY: (MANDATE CAUSE) (a) <u>Pneumonia</u> 4-000 CONTRIBUTORS, IF ANY, WHICH WERE TYPE OF DEATH: (b) <u>Acute C.V.D.</u> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FORMAL DISEASE CONDITION (TYPE) IN PART I (c) <u>A.D.H.D.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>1 wk.</u> <u>years</u>		22. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. ACCIDENT: SUICIDE: HOMICIDE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24. DISCUSS HOW INJURY OCCURRED (Under nature of injury in Part I or Part II of item 21.)			
25. TIME OF INJURY: Hour: <u>5:00</u> Month: <u>June</u> Day: <u>12</u> Year: <u>1967</u>		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)			
27. INJURY OCCURRED: WHILE AT WORK: <input type="checkbox"/> NOT WHILE AT WORK: <input checked="" type="checkbox"/>		28. CITY, TOWN, OR LOCATION		COUNTY STATE	
29. I hereby certify that I certified the deceased from <u>6/12/67</u> to <u>6/12/67</u> , that I last saw the deceased alive on <u>6/11/67</u> , and that death occurred at <u>6:47 P.M.</u> from the cause and on the date stated above.					
30a. DATE SIGNED <u>6/30/67</u>		30b. ADDRESS <u>Williamsburg Ky</u>		30c. SIGNATURE <u>H.H. Bunch</u>	
31a. BURIAL, CREMATION, REMOVAL (Specify)		31b. DATE <u>6/15/67</u>		31c. NAME OF CEMETERY OR CREMATORY <u>Carinth</u>	
31d. LOCATION (City, town, or precinct) <u>Carbin, Ky</u>		32. FUNERAL DIRECTOR <u>Part Funeral Home</u>			
33. DATE REC'D BY LOCAL REG. <u>7-3-67</u>		33a. REGISTRAR'S SIGNATURE <u>Leslie L. Cressy</u>		33b. ADDRESS <u>Carbin, Ky</u>	



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky, this 21 day of June, 1967.

Sandra J. Davis
Sandra J. Davis, State Registrar