

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15785

PLACE OF DEATH
County Martin
Vol. Summers # 11
Inq. Town
City (No. St. Ward)

File No. 15785
Registered No. 11
If death occurred in a hospital or institution, give its NAME instead of street and number.

FULL NAME Eliza Jane Gipson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White MARRIAGE Married
(Print the word)
DATE OF BIRTH 1 (Month) 1 (Day) 1 (Year)
AGE 68 yrs. 7 mos. 0 ds. 1 LESS than 1 day... hrs. or... min.?
OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or county) Tennessee

PARENTS
13 NAME OF FATHER John Zimmerman
11 BIRTHPLACE OF FATHER (State or country) Tennessee
15 MAIDEN NAME OF MOTHER Polly Emery
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Gipson
1928 #1 (Address) 125 North Kentucky

Filed June 15, 1912 L. A. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 17, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1908 to Dec 12, 1911, that I last saw her alive on Dec 12, 1911 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH was as follows:

Chronic Rheumatism

Contributory (Duration) 1 yrs. 0 mos. 0 ds.

(Signed) W. N. and W. P. Bailey, M. D's
June 18, 1912 (Address) White Plains, Ky.

(a) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

(b) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death 0 yrs. 0 mos. 0 ds. State 0 yrs. 0 mos. 0 ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pleasant Hill cemetery DATE OF BURIAL June 19, 1912

20 UNDERTAKER Bridges & Shannon ADDRESS Way

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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.