

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

15944

1 PLACE OF DEATH

County MullensburgVol. No. West Central City Ky.Ino. Town. Central City Ky.

City .....

Registration District No. 870Primary Registration District No. 2435

(No. .... St., .... Ward)

File No. ....

Registered No. 22

(If death occurred in a hospital or institution, give its NAME (street of street and number.)

2 FULL NAME Samuel C Gish

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married6 DATE OF BIRTH October 21, 1884  
(Month) (Day) (Year)7 AGE 74 yrs. 6 mos. 1 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Retired Banker  
(b) General nature of industry, business or establishment in which employed (or employer). Real Estate Dealer & Merchant B. former9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Jacob Gish11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Jelly Long13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. Elmer Jones(Address) Central City Ky.15 Filed 7/28/1921 ad. A. L. Blumford REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 23, 1921  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 17, 1921, to May 23, 1921, that I last saw him alive on May 23, 1921, and that death occurred on the date stated above at 4:00 p.m. The CAUSE OF DEATH was as follows:  
Carcinoma of Liver

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) Harry J. Dealey, M. D.  
May 23, 1921 (Address) Central City Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence .....19 PLACE OF BURIAL OR REMOVAL Central City Ky. DATE OF BURIAL May 23, 192120 UNDERTAKER Martin Moore ADDRESS Central City Ky.

MARGIN RESERVED FOR ENDING

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