

2000

## 1 PLACE OF DEATH

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty MuhlenbergVol. No. Bremen 2 Registration District No. 2-2121

Inc. Town ..... Primary Registration District No. ....

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

2 FULL NAME Mrs Alice B. Albion

File No. ....

Registered No. 48

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
6 DATE OF BIRTH <u>Feb 7 1866</u> (Month) (Day) (Year)		
7 AGE <u>54</u> yrs. <u>10</u> mos. <u>25</u> da.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry business or establishment in which employed (or employer)		

## MEDICAL CERTIFICATE OF DEATH

9 DATE OF DEATH  
Jan 2 1921  
(Month) (Day) (Year)

10 I HEREBY CERTIFY, That I attended deceased from July, 1914, to Jan 2, 1921, that I last saw her alive on Jan 2, 1921, and that death occurred on the date stated above at 11:30 Pm. The CAUSE OF DEATH\* was as follows:  
Tuberculosis of lungs

(Duration) 10 yrs. 0 mos. 0 da.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... da.  
(Signed) W. A. Robertson, M. D.  
Jan. 3, 1921 (Address) Bremen Ky

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

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

At place of death ..... yrs. .... mos. .... da. State ..... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

9 BIRTHPLACE (State or country) Butler Co Ky

PARENTS	10 NAME OF FATHER <u>Levi Cwing</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Butler Co Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Margaret Latham</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>Butler Co Ky</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. J. Albion  
(Address) Bremen Ky

15 Filed Feb 9 1921 W. H. Grundy REGISTRAR

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. George Jan 3, 1921

20 UNDERTAKER  
W. Stewart Bremen Ky