

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

PLACE OF DEATH
County Muhlenberg
Vol. Pat. Sheet Lander, city
Ina. Town _____
City of Central city (No. _____ St. _____ Ward _____)

870
2435-

File No. 28754
Registered No. 51

FULL NAME Margie Alexander

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) child

6 DATE OF BIRTH Feb. 2, 1912
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work agent
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Central city Ky

10 NAME OF FATHER James Alexander

11 BIRTHPLACE OF FATHER (State or country) Marion Co. Tenn

12 MAIDEN NAME OF MOTHER Laura Reid

13 BIRTHPLACE OF MOTHER (State or country) Marion Co. Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

15 Filed Nov. 8, 1912 W. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Nov. 8th, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1912, to the 7 days in 1912, that I last saw her alive on Nov. 7th, 1912, and that death occurred, on the date stated above, at 12th.

The CAUSE OF DEATH* was as follows:
Pneumonia
13 days (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. L. M. Howell, M. D.
Nov. 8, 1912 (Address) Central city

*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 Col. R. Co. Burying DATE OF BURIAL Nov. 8, 1912

20 UNDERTAKER Martin Moore ADDRESS Central City, Ky