

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33186

1 PLACE OF DEATH

County Muhlenberg

Vol. Pat. Drakesboro #5-872

Inc. Town Drakesboro 7125

City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 44

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

2 FULL NAME Mary Jane Alsip

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(Write the word)

16 DATE OF DEATH Dec 15, 1913  
(Month) (Day) (Year)

6 DATE OF BIRTH Dec 15, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1913, to Dec 16, 1913, that I last saw him alive on Dec 15, 1913, and that death occurred, on the date stated above, at 9 p.m.

7 AGE 22 yrs. 0 mos. 0 ds. If LESS than 1 day 6 hrs. or 0 min.?

The CAUSE OF DEATH\* was as follows:  
Consumption  
arriving

8 OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 12 ds.  
Contributory \_\_\_\_\_ (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) S. A. Oate, M. D.  
12-16, 1913 (Address) Drakesboro Ky

9 BIRTHPLACE (State or country) Drakesboro Ky

PARENTS  
10 NAME OF FATHER Stanley Alsip  
11 BIRTHPLACE OF FATHER (State or country) Wanecek County Ky  
12 MAIDEN NAME OF MOTHER Saba McKinney  
13 BIRTHPLACE OF MOTHER (State or country) Buttler Co 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 \_\_\_\_\_ In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Wesley McKinney  
(Address) Drakesboro Ky

19 PLACE OF BURIAL OR REMOVAL Pea Nut, Mines DATE OF BURIAL Dec 16, 1913  
20 UNDERTAKER J. B. House ADDRESS Drakesboro Ky

15 Filed 12-17, 1913 J. B. House REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
2. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.