

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3089

PLACE OF DEATH
County McLean
Vol. Pat. West
Inc. Town Sacramento
City _____ (No. _____ St.; _____ Ward)
FULL NAME Adell Anthony

Registration District No. 731
Primary Registration Dist. No. 687

File No. _____
Registered No. 4

[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 white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED +
(Write the word)

6 DATE OF BIRTH April 3, 1861
(Month) (Day) (Year)

7 AGE 58 yrs. 9 mos. 15 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) McLean Co

PARENTS
10 NAME OF FATHER Isaac Coffman
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Mary Coffman
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lilly W. Cassin
(Address) Sacramento, Ky

15 Filed 2-8, 1919 A. N. Plain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 18, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1918 to Jan 12, 1919, that I last saw her alive on Jan 12, 1919 and that death occurred, on the date stated above, at 11 P.

The CAUSE OF DEATH* was as follows:
Ulcer of Stomach
Impending, Nephritis
(Duration) 2 yrs. _____ mos. _____ ds.

Contributory (SECONDARY) Nephritis
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. H. Moore M. D.
, 191 (Address) Sacramento

*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 Greenville Cem DATE OF BURIAL 1-19, 1919
20 UNDERTAKER G. J. Whitmer ADDRESS Sacramento

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.