

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Muhlenberg
 Vol. Fol.
 Inc. Town
 City Central City (No. St.) Ward)
 FULL NAME Jole Abby

Registration District No. 870
 Primary Registration Dist. No. 2435

File No. 25950
 Registered No. 50

[If death occurred in a hospital or institution, give the NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 28 1912
 (Month) (Day) (Year)

7 AGE yrs. mos. 12 ds. If LESS than 1 day hrs. or min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

PARENTS
 10 NAME OF FATHER Water Abby
 11 BIRTHPLACE OF FATHER (State or country) McLean Co. Ky
 12 MAIDEN NAME OF MOTHER Lutie Anderson
 13 BIRTHPLACE OF MOTHER (State or country) Warren Co. Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11th 1912
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1912, to Oct 11, 1912, that I last saw her alive on Oct 11, 1912, and that death occurred, on the date stated above, at 2 P. M.
 The CAUSE OF DEATH* was as follows:
Lack of nourishment
caused from premature
birth
 (Duration) yrs. mos. 12 ds.
 Contributory (SECONDARY)
 (Duration) yrs. mos. ds.
 (Signed) J. P. Walton, M. D.
 (Address) Central City Ky.

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

15 Filed Oct 11, 1912 at Central City
 REGISTRAR

*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 Farmount DATE OF BURIAL Oct 12, 1912

20 UNDERTAKER Marlin Moore ADDRESS Central City

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