

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

16965

1 PLACE OF DEATH

County Murklesburg

16
Ver. Pot. Cleator

Registration District No. 7135

Ino. Town Cleator

Primary Registration District No.

City (No. St., Ward)

2 FULL NAME Nannie Baise

File No.

Registered No. 127

(If death occurred in a hospital or institution, give its 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) Single

6 DATE OF BIRTH August 6, 1888
(Month) (Day) (Year)

7 AGE 8 yrs. 8 mos. 22 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) Murklesburg Ky

10 NAME OF FATHER Sylvanus Baise

11 BIRTHPLACE OF FATHER (State or country) Ohio

12 MAIDEN NAME OF MOTHER Lizzie Baise

13 BIRTHPLACE OF MOTHER (State or country) Ohio Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) V Baise

(Address) Cleator

15 Filed 6-27-1919 W.H. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 28, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1919, to April 28, 1919, that I last saw her alive on April 28, 1919, and that death occurred on the date stated above at 2 A.M. The CAUSE OF DEATH* was as follows:

Influenza and Pneumonia fever
(Duration) 10 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) W.M. Massey, M. D. May 20, 1919 (Address) Central City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES (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 Parson DATE OF BURIAL April 30, 1919

UNDERTAKER J.L. Thomas ADDRESS Cleator

DEATH

MARGIN RESERVED FOR BINDING

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