

31620

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. ....

1 PLACE OF DEATH

County Muhlenberg  
Vol. Central City

Registration District No. 1099

Registered No. ....

Inc. Town .....

Primary Registration District No. 1087

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

City .....

(No. .... Ward)

2 FULL NAME Sarah Ann Ball

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W. 5 Single Married Widowed or Divorced M.  
(Write the word)

6 DATE OF BIRTH .....

7 AGE 70 yrs. .... mos. .... ds. IF LESS than 1 day .... hrs. or .... min?

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

9 BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER Bill Bowling

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER D.H.

13 BIRTHPLACE OF MOTHER (State or country) D.H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernie Ball

(Address) Central City

15 Filed Dec 11, 1923 3 @ B. W. Kappeler Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 10, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1923, to Aug 6, 1923, that I last saw him alive on Aug 6, 1923, and that death occurred on the date stated above at ..... m.

The CAUSE OF DEATH\* was as follows:  
D.H.

(Duration) .... yrs. .... mos. .... ds.  
Contributory (Secondary) Palsy's

(Duration) .... yrs. .... mos. .... ds.  
(Signed) E. L. Galt, M. D.  
Dec 11, 1923 (Address) Greenville

\*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 ..... 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 Dodson Bldg. DATE OF BURIAL Dec 11, 1923

20 UNDERTAKER McDonnell, Debbt. Greenville ADDRESS

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. For statement of OCCUPATION is very important. See instructions on back of certificate.