

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

1999

County Cumberland
Reg. Dist. No. 571
City Greenville (No. _____ St., _____ Ward)

File No. _____
Registered No. _____

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

Ino. Town _____
Primary Registration District No. 2434
City _____ (No. _____ St., _____ Ward)
FULL NAME Maggie Jane Bandy

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ 1 _____
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) McKean County, Ky

10 NAME OF FATHER Jefferson Bandy

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Margaret E. Harrison

13 BIRTHPLACE OF MOTHER (State or country) McKean County, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed. Bandy
(Address) Greenville, Ky

15 Filed 2/9 21 1918 W. B. Dickliffe REGISTRAR
mdc

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH Nov 18 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1910, to Nov 18, 1910, that I last saw him alive on Nov 18, 1910, and that death occurred on the date stated above at 5:30 pm CAUSE OF DEATH* was as follows:

apoplexy

(Duration) ... yrs. ... mos. ... ds.

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

(Signed) J. P. Moore M. D.
Nov 18, 1910 (Address) Greenville, 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 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 Friendship DATE OF BURIAL 11/18, 1910

20 UNDERTAKER Greenwood ADDRESS Greenville, Ky

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. D.--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.