

Commonwealth of Kentucky
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14-228

1 PLACE OF DEATH
County Mullensberg

Vot. Prec. Drakesboro Registration District No. 822

Inc. Town Drakesboro Primary Registration District No. 7125

City 76 (No. 76) (St., 76) (Ward)

2 FULL NAME Massie Barnard

File No.

Registered No. 19

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>Col.</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> (Write the word)
6 DATE OF BIRTH <u>Jan 20</u> 19 <u>27</u> (Month) (Day) (Year)		
7 AGE <u>27</u> yrs. <u>5</u> mos. <u>1</u> ds.		IF LESS than I 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) <u>House Keeping</u>		
9 BIRTHPLACE (State or country) <u>Logan</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
May 21 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1918, to May 21, 1918, that I last saw her alive on May 21, 1918, and that death occurred on the date stated above at P. m. The CAUSE OF DEATH* was as follows:
Acute Lobar pneumonia

(Duration) ... yrs. ... mos. 14 ds.

Contributory Valvular Disease of Heart (SECONDARY)(Duration) 10 yrs. ... mos. ... ds.(Signed) J. D. Casdoff, M. D.
May 22, 1918. (Address) Drakesboro 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
Smith g y.DATE OF BURIAL
May 23, 191820 UNDERTAKER
Jan E. GeorgeADDRESS
Millersburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sherden Barnard
(Address) Drakesboro Ky

15 Filed 5/28, 1918 J. P. K. REGISTRAR

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given in full and 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.