

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

PLACE OF DEATH

County Muhlenberg  
Vol. No. # 3 Registration District No. 970  
Ino. Town Central City Primary Registration District No. 7123  
City (No. \_\_\_\_\_) St., \_\_\_\_\_ Ward \_\_\_\_\_

File No. 36115

Registered No. 30

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

FULL NAME Mrs. Ola Barnes

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)  
6 DATE OF BIRTH Dec 12, 1890  
(Month) (Day) (Year)  
7 AGE 27 yrs. 10 mos. 22 ds. IF LESS than 1 day... hrs. or... min.?  
8 OCCUPATION  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg County, Ky

10 NAME OF FATHER J. H. Hayes

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Nettie James

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. W. Barnes  
(Address) Murder, Ky

15 Filed 12-1, 1918 O. L. Blanford  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Nov 3, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1918, to Nov 3, 1918, that I last saw him alive on Nov 3, 1918, and that death occurred on the date stated above at 3 P.M. THE CAUSE OF DEATH\* was as follows:

Broncho Pneumonia

(Duration) 7 yrs. 1 mo. 1 da.  
Contributory (SECONDARY) Pulmonary Tuberculosis

(Signed) J. D. Walker M. D.  
Nov 4, 1918 (Address) Central City, Ky

(Duration) 1 yrs. 1 mo. 1 da.  
(Address) Central City, Ky

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE 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. \_\_\_\_\_ da. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Lago B. G. DATE OF BURIAL Nov 4, 1918

20 UNDERTAKER McDonald & DeWitt ADDRESS Greenfield, Ky

N. B.—Every item of information should be carefully supplied. All 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.