

Commonwealth of Kentucky

STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31028

1 PLACE OF DEATH

County Muhlenberg  
Vol. No. Paradise  
Inc. Town .....

File No. ....

Registered No. 871

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

City ....., (No. ...., St. ...., Ward ....., DELAY

3 FULL NAME Margaret Barrett

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 4 COLOR OR RACE col 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED child  
(Write the word)

6 DATE OF BIRTH April, 1916  
(Month) (Day) (Year)

7 AGE 0 yrs. 6 mos. 0 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) child

9 BIRTHPLACE (State or country) Muhlenberg County

10 NAME OF FATHER Lanmont Barrett

11 BIRTHPLACE OF FATHER (State or country) Ohio County

12 MAIDEN NAME OF MOTHER Dora Bradley

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Andrew Bradley (Address) Paradise

15 Filed 10/5, 1916, C. D. Mackeffer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH act 4, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1916, to act 3, 1916, that I last saw her alive on act 3, 1916, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH\* was as follows: Cerebral Pneumonia  
(Duration) ... yrs. ... mos. 8 ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.  
(Signed) D. B. Blanton, M. D. act 5, 1916 (Address) Greenwell

\*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 DATE OF BURIAL 10/6, 1916

20 UNDERTAKER ADDRESS Just & George Jewell, Ky.

7. 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 street and number of OCCUPATION is very important. See instructions on back of certificate.