

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

File No. **22180**
Registered No. **4**
(if death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

County **Muhlenburg**Vot. Prec. **So Carrollton**Registration District No. **1085**Inc. Town **St. J.**Primary Registration District No. **2438**

City

(No. _____ St. _____ Ward)

2 FULL NAME **Catherine Bennett**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **Nulatto** 5 Single **Widow**
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH **Sept 25 1892**
(Month) (Day) (Year)

7 AGE **74** yrs. _____ mos. _____ ds.
IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) **McLain Co. Ky.**

10 NAME OF FATHER **Will Kinchelo**

11 BIRTHPLACE OF FATHER (State or country) **Ky.**

12 MAIDEN NAME OF MOTHER **Mary Long**

13 BIRTHPLACE OF MOTHER (State or country) **Ky.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Monroe Bailey**

(Address) **So Carrollton**

15 **Sept 26 1932** **W. H. Baker** Registrar

Filed **Sept 26 1932**

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Sept 25 1932**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Aug 28 1932** to **Sept 25 1932** that I last saw her alive on **Sept 25 1932** and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Age

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

Contributory (Secondary) **Age**

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

(Signed) **J. P. Parks** M. D.
Sept 26 1932 (Address) **So Carrollton**

*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 _____ 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 **So. Carrollton Cemetery** DATE OF BURIAL **Sept 26 1932**

20 UNDERTAKER **Joe Tucker** ADDRESS **Bremen Ky.**

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.