

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

27828

PLACE OF DEATH  
County Muhlenberg  
Vol. Reg dist #76  
Ino. Town  
City No. St. Ward

File No. \_\_\_\_\_  
Registered No. 68

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

FULL NAME Ida Louise Bennett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant.  
(If in the word)

DATE OF DEATH October 27<sup>th</sup>, 1913  
(Month) (Day) (Year)

DATE OF BIRTH November 5, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6<sup>th</sup>, 1913, to Oct 27, 1913

AGE 11 mos. 22 ds. If LESS than 1 day... hrs., or... min.?

that I last saw her alive on Oct 27, 1913, and that death occurred, on the date stated above, at 10<sup>th</sup> m.

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

The CAUSE OF DEATH\* was as follows:  
Dysentery

BIRTHPLACE (State or country) Muhlenberg Co. Ky.

(Duration) 7 yrs. 21 mos. 1 ds.

10 NAME OF FATHER Arthur Bennett

Contributory Artificial feeding  
(Secondary) (Duration) yrs. mos. ds.

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky.

(Signed) J. P. Walton, M. D.  
191... (Address) Central City, Ky.

12 MAIDEN NAME OF MOTHER Blanche Fentress

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

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

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death... yrs... mos... ds. In the State... yrs... mos... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Arthur Bennett  
(Address) Central City, Ky.

Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

15  
Filed Oct 28, 1913 Mr. W. M. H. ...  
REGISTRAR

16 PLACE OF BURIAL OR REMOVAL Shovers Chapel DATE OF BURIAL Oct 28, 1913  
17 UNDERTAKER Martin Moore ADDRESS Central City, Ky.

WRITE PLAINLY, WITH CAREFUL MEASURE THIS IS A PERMANENT RECORD  
M. D.—Every item of information should be correctly supplied. AGE should be stated FULLY. 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.