

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

2130

1 PLACE OF DEATH
County Muhlenberg

File No. _____

Vet. Pat. _____

Registration District No. 1087Registered No. 5

Inc. Town _____

Primary Registration District No. 2435

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

City Central City Ky No. _____

St. _____ Ward _____

2 FULL NAME Laura Crawford Burnett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W.C. 5 Single Married Widowed or Divorced (Write the word) Married6 DATE OF BIRTH Dec. 8 - 1903
(Month) (Day) (Year)7 AGE 22 yrs. 25 mos. 25 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Muhlenberg Mo.

PARENTS

10 NAME OF FATHER Robt. Crawford11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Elizabeth Bedford13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt. Crawford(Address) Central City Ky.15 Filled 1/4 1925 A. L. Blaupfel Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 2 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1924, to Jan 2, 1925, that I last saw her alive on Jan 2, 1925, and that death occurred on the date stated above at 9P m.The CAUSE OF DEATH* was as follows:
Tuberculosis of Lung(Duration) _____ yrs. 9 mos. _____ ds.Contributory (Secondary) Influenza
(Duration) _____ yrs. 10 mos. _____ ds.(Signed) P. Herbert Bailey M. D.
Jan 10, 1925 (Address) Central City 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 DATE OF BURIAL

20 UNDERTAKER Joe E. George ADDRESS Central City Ky.

REMARKS CONCERNING THIS DEATH

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD
N. 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. Extra statement of OCCUPATION is very important. See instructions on back of certificate.