

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Harrison*

Vot. Prec. *6277*

Inc. Town

City

(No. ....)

St. ....

Ward

3 FULL NAME *Lilly May Bennett*

File No. **9642**

Registered No. **56**

**9642**

**56**

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

PERSONAL AND STATISTICAL PARTICULARS

4 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH *May 7, 1880*  
(Month) (Day) (Year)

7 AGE *34* yrs. *11* mos. *18* ds. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Ky.*

10 NAME OF FATHER *E. S. Phillip*

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

12 MAIDEN NAME OF MOTHER *Amin K. Brooks*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *E. S. Phillip*  
(Address) *Madisonville*

15 Date of Death *Apr. 26, 1911*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 25<sup>th</sup>, 1911*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ... 191... to ... 191... that I last saw him alive on ... 191... and that death occurred, on the date stated above, at *11 P. M.* The CAUSE OF DEATH\* was as follows:

*Tuberculosis*  
(Duration) ... yrs. *6* mos. ... ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) *Jas D. Sory*, M. D.  
*4-26-1911* (Address) *Madisonville, Ky.*

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

(10) LENGTH OF RESIDENCE (FOR RESIDENTS, IMMIGRANTS, TOURISTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? *Place of death* Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Burr Creek Cemetery* DATE OF BURIAL *4-27-1911*

20 UNDERTAKER *B. M. Slaton* ADDRESS *Madisonville*

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 statement of OCCUPATION is very important. See instructions on back of certificate.