

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

11454

File No.

Registered No.

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat.
Inc. Town So. Carrollton
City (No. St. Ward)

7121

2 FULL NAME Sizza Bennett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If wife the word) Married
6 DATE OF BIRTH 1979
(Month) (Day) (Year)
7 AGE 42 yrs. mos. ds. If LESS than 1 day hrs. or min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co.

PARENTS
10 NAME OF FATHER Peter W. Kammel
11 BIRTHPLACE OF FATHER (State or country) South Kansas
12 MAIDEN NAME OF MOTHER about Kammel
13 BIRTHPLACE OF MOTHER (State or country) about Kammel

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sizza Bennett
(Address) South Carrollton

15 Filed 4/20, 1915. A. H. Hatcher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH DELAY

10 DATE OF DEATH 4-22, 1915.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-17, 1915, to 4-22, 1915, that I last saw her alive on 4-22, 1915, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
..... (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) Floyd H. Foley, M.D.
..... 1915 (Address) Central City

*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?

19 PLACE OF BURIAL OR REMOVAL So. Carrollton Ky DATE OF BURIAL 4/22, 1915.
20 UNDERTAKER Henry George ADDRESS Kennett Ky

E. 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.