

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

293:6

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. Central City

Inc. Town

City

Registration District No. 10 87

Primary Registration District No. 249.5

File No.

Registered No. 48

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

2 FULL NAME Mary Leiza Bennett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE STATUS Widow
(Write the word)

6 DATE OF BIRTH July 10 1948
(Month) (Day) (Year)

7 AGE 78 yrs. 3 mos. ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Mo.

PARENTS

10 NAME OF FATHER Wend Kern

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Wend Kern

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W.E. Bennett

(Address)

15 Filed 11/10 1906 A.L. Crawford

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 10 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926 to Oct 10, 1926 that I last saw him (alive on Oct 7, 1926 and that death occurred on the date stated above at 11:30 a.m. The CAUSE OF DEATH* was as follows:
Hemiplegia

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

(Signed) Henry J. Hulse M. D. Oct 11, 1926 (Address) Central City, Mo.

*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 Central City DATE OF BURIAL Oct 11, 1926

20 UNDERTAKER W.E. Bennett ADDRESS Central City, Mo.

L. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.