

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

 PLACE OF DEATH  
 County Muhlenberg  
 Vol. No. Paradise Registration District No. 7126  
 Inc. Town ..... Primary Registration District No. ....  
 City ..... (No. .... St. .... Ward)

 File No. ....  
 Registered No. 7126

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

## PERSONAL AND STATISTICAL PARTICULARS

 SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 DATE OF BIRTH May 7, 1913  
 AGE 6 yrs. 6 mos. 26 ds. IF LESS than 1 day... hrs. or... min?

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

 BIRTHPLACE (State or country) Paradise Ky

 PARENTS  
 10 NAME OF FATHER Louis Bennenitz  
 11 BIRTHPLACE OF FATHER (State or country) Ky.  
 12 MAIDEN NAME OF MOTHER Ella Baker  
 13 BIRTHPLACE OF MOTHER (State or country) Ky.

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. C. Dobbs  
 (Address) Paradise Ky

 15 Filed Dec 11, 1919 W. S. Cundiff  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH Dec 1, 1919  
 (Month) (Day) (Year)

 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1919 to Dec 1, 1919, that I last saw her alive on Nov 29, 1919, and that death occurred on the date stated above at 8 p.m. The CAUSE OF DEATH\* was as follows:  
Typhoid Fever  
 (Duration) .... yrs. .... mos. 20 ds.

 Contributory (SECONDARY) (Duration) .... yrs. .... mos. .... ds.  
 (Signed) H. H. Newman, M. D.  
Dec 2, 1919 (Address) Drakesboro Ky

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

 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TENEMENTS 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  
 ...., 191...

20 UNDERTAKER ADDRESS

WRITE PLAINLY, WITH 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.