

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty MuhlenbergFile No. 3022Vol. Pat. _____ Registration District No. 1087Registered No. 79Ino. Town _____ Primary Registration District No. 2435City Central City (No. Reservoir Ave St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Lybil G. Benson(a) Residence. No. Reservoir Ave St., _____ Ward. _____

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 Single _____
Married _____
Widowed _____
or Divorced _____
(Write the word)5a If married, widowed, or divorced
HUSBAND of M. B. Benson
(or) WIFE of _____6 DATE OF BIRTH Dec 18 1930
(Month) (Day) (Year)7 AGE 30 yrs. 2 mos. 13 ds. IF LESS than 1
day _____ hrs. _____
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) Ky
(State or country)PARENTS
10 NAME OF FATHER Oscar Baize
11 BIRTHPLACE OF FATHER (city or town) Ky
(State or country)
12 MAIDEN NAME OF MOTHER Lucy Blauvelt
13 BIRTHPLACE OF MOTHER (city or town) Ky
(State or country)14 (Informant) M B Benson
(Address) Central City Ky15 Filed 3/3, 1931 - A. L. Shuegard
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 3 1931
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Jan 1, 1931, to Mar 3, 1931,
that I last saw her alive on Mar 3, 1931,
and that death occurred on the date stated above at 8 a. m.
The CAUSE OF DEATH* was as follows:tuberculosis of lungs
23
(Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Charles Hovelburn, M. D.
Mar 3, 1931 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Logansport, Ky DATE OF BURIAL 3/4, 1931
20 UNDERTAKER Lutie Smith ADDRESS Morgan town KyWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information to be carefully supplied. AGE should be stated in full. OCCUPATION should be stated in full. PHYSICIANS should state CAUSE OF DEATH in plain text that it may be properly classified. Exact date of OCCUPATION is very important. See instructions on back of certificate.