

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

1 PLACE OF DEATH
County Middlebury
Reg. Dist. No. 71M6
2 FULL NAME Virginia Berry
3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH May 13, 1915
7 AGE 22 yrs. 2 mos. 2 ds. IF LESS than 1 day... hrs. or... min?
8 OCCUPATION (a) Trade, profession, or particular kind of work. home work
(b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Webster Co Ky
10 NAME OF FATHER Henry Ziegler
11 BIRTHPLACE OF FATHER (State or country) Virginia Ky
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)

File No.
Registered No. 71M6
[If death occurred in a hospital or institution, give its NAME (instead of street and number.)]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

16 DATE OF DEATH May 15, 1915
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from May 6, 1915 to May 13, 1915, that I last saw him alive on May 13, 1915, and that death occurred on the date stated above at 2-2 m. The CAUSE OF DEATH* was as follows:
Dysentery following Cholera
(Duration)..... yrs..... mos..... ds.
Contributory Gonorrhoeal infection
(SECONDARY) (Duration)..... yrs..... mos..... ds.
(Signed) J. M. Ferguson, M. D.
May 13, 1915 (Address) Chickadee City, Ky
*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. State..... yrs..... mos..... ds.
In the
Where was disease contracted,
If not at place of death?
Former or usual residence

15 Filed May 13, 1915 Wm. C. H. ...
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
20 UNDERTAKER ADDRESS

MARGIN RESERVED FOR ENDORS

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.