

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 2179

## 1 PLACE OF DEATH

County MuhlenbergVot. Prec. ProgersRegistration District No. 971

Inc. Town

Primary Registration District No. 7152

City

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME

Elizabeth Ann Bethel

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Widow  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Nov 23 1911  
(Month) (Day) (Year)7 AGE 20 yrs. 2 mos. 6 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. Ky10 NAME OF FATHER Lings Dewell11 BIRTHPLACE OF FATHER (State or country) Don't know12 MAIDEN NAME OF MOTHER Julia Richardson13 BIRTHPLACE OF MOTHER (State or country) Muh. Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bob Bethel(Address) Graham Ky15 1/29/22 1922 O. B. Wickliffe Registrar16 Murder

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 29 1922  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1921, to Jan 28 1922, that I last saw her alive on Jan 28 1922, and that death occurred on the date stated above at 5:15 m.The CAUSE OF DEATH\* was as follows:  
Chronic Parenchymatous Nephritis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary)

(Signed) B. S. Graybill, M. D.  
Jan 31, 1922 (Address) Waynes 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 \_\_\_\_\_ 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 Nebo B. L. DATE OF BURIAL Jan 31 192220 UNDERTAKER McDonald & DeWitt ADDRESS Greenville Ky

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.

MAIDEN NAMED FOR INDEXING