

PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County of Muhlenberg CERTIFICATE OF DEATH

Vol. For 15 Registration District No. 2135

Inc. Town Cleator Primary Registration District No.

City (No. St. Ward)

File No. 2564
Registered No. 96

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

FULL NAME Lucy Ann Bethel

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

16 DATE OF DEATH Jan 10 1913
(Month) (Day) (Year)

18 DATE OF BIRTH Nov 10 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1913, to Jan 19 1913, that I last saw her alive on Jan 18 1913, and that death occurred on the date stated above at 12 P.m. The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

7 AGE 2 mos. 1 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work... none
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

(Duration) ... yrs. ... mos. 2 ds.

10 NAME OF FATHER Ed. Sampson Bethel

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.
(Signed) Detroy Willis, M. D.
Jan 11 1913 (Address) Cleator, Ky.

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Mattie Belle Richert

13 BIRTHPLACE OF MOTHER (State or country) Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.
14 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 ...

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ed. S. Bethel

(Address) Cleator, Ky.

19 PLACE OF BURIAL OR REMOVAL Nicolson DATE OF BURIAL January 12 1913

15 Filed Jan 11 1913 W. H. Moore REGISTRAR

20 UNDERTAKER J. L. Phome's ADDRESS Cleator Ky.

B. B. Every item of information should be carefully completed. All entries should be made in plain terms, so that it may be properly understood. These instructions of GOVERNMENT is very important. See instructions on back of certificate.