

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

14663

1 PLACE OF DEATH

County *Muhlenburg*

Vot. Po. *Bo Carrington*

Ino. Town

City

2 FULL NAME *Lavina Bidwell*

Registration District No. *111*

(No. *111*)

St., Ward

File No.

Registered No. *177*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widow*

6 DATE OF BIRTH *March 27, 1897*
(Month) (Day) (Year)

7 AGE *37* yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Ohio Co Ky*

10 NAME OF FATHER *Pat Harrison*

11 BIRTHPLACE OF FATHER (State or country) *Pat Harrison*

12 MAIDEN NAME OF MOTHER *Pat Harrison*

13 BIRTHPLACE OF MOTHER (State or country) *Pat Harrison*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *James Bidwell*
(Address) *Maarman Ky*

15 Filed *April 3, 1919* REGISTRAR *Walter Moore*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 3, 1919*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Mar 25, 1919*, to *Apr 3, 1919*, that I last saw her alive on *Apr 3, 1919*.

and that death occurred on the date stated above at *9 a.m.* The CAUSE OF DEATH* was as follows:

Pneumonia following Tariff

(Duration) yrs. mos. ds. Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *J. R. Barnes*, M. D. *Apr 3, 1919* (Address) *Bo Carrington*

*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. 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 *Equality Cemetery* DATE OF BURIAL *April 3, 1919*

20 UNDERTAKER *Walter Moore* ADDRESS *Bo Carrington Ky*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. S.—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 filed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.