

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

OFFICE OF DEATH
County Muhlenberg
Vol. Pat. A-1
Inc. Town County
City No. St. Ward

File No. 31255Registered No. 30

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

FULL NAME Mary Bidwell

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OF RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
4 DATE OF BIRTH 6 (Month) 5 (Day) 1867 (Year)
5 AGE 57 yrs. 5 mos. 6 ds. If LESS than 1 day... hrs. or... min.?

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

7 BIRTHPLACE (State or country) Muhlenberg Co Ky8 NAME OF FATHER David Sullivan9 BIRTHPLACE OF FATHER (State or country) Ky10 MAIDEN NAME OF MOTHER Emaline Bidwell11 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. E. Ellison
(Address) Island Ky15 FILED 12/11/1915 M. M. Shacklett REGISTRAR16 PLACE OF BURIAL OR REMOVAL New Hope Cemetery DATE OF BURIAL 12/12/191517 UNDERAKER Chas Owens ADDRESS Island Ky

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 12 (Month) 11 (Day) 1915 (Year)

19 I HEREBY CERTIFY, That I attended deceased only saw her one time, 1915, to , 1915, that I last saw her alive on Nov 18, 1915, and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
I did not see her at Death
The coroner was Dr. Drennet

(Duration) 25 yrs. mos. ds.Contributory (Secondary) yrs. mos. ds.(Signed) J. B. Fitzhugh, M. D.
1915 (Address)

*While the DIRECT CAUSE OF DEATH is the death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS 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 New Hope Cemetery DATE OF BURIAL 12/12/191520 UNDERAKER Chas Owens ADDRESS Island Ky