

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 77County MartinVet. Pct. Buck CreekRegistration District No. 1092

Registered No. _____

Inc. Town _____

Primary Registration District No. 6827City Abbi

(No. _____ St., _____ Ward)

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

2 FULL NAME Mr. Bess Bilyer(a) Residence. No. Buck Creek Ky St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 Single name name
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

AND of
(or) WIFE of Bess Bilyer6 DATE OF BIRTH Sept 17 1884
(Month) (Day) (Year)7 AGE 50 yrs. 3 mos. 2 ds.
IF LESS than 1
day.....hrs.
or.....min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Logan Co Ky
(State or country)10 NAME OF FATHER James White11 BIRTHPLACE OF FATHER (city or town) Logan Co Ky
(State or country)12 MAIDEN NAME OF MOTHER Janey Taylor13 BIRTHPLACE OF MOTHER (city or town) Logan Co Ky
(State or country)14 (Informant) Bill Bilyer
(Address) Buck Creek Ky15 Filed: 1/25, 1935 Victor Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 19 34
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Oct 75, 1934 to Dec 17, 1934
that I last saw her alive on Dec 17, 1934
and that death occurred on the date stated above at 9:55 p.m.The CAUSE OF DEATH* was as follows:
InfluenzaContributory (Secondary) Pharyngitis
(Duration) _____ yrs. 2 mos. 9 ds.(Duration) _____ yrs. 1 mos. 14 ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. B. Richardson M. D.
Dec 20, 1934 (Address) Buck Creek Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Jackson County DATE OF BURIAL 12-30 3420 UNDERTAKER R. K. ... ADDRESS Waverly

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be in EXACTLY Y. 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.

MAKING REPRODUCED FOR RECORD