Form V. S. 1-35m-8-2-22

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 7361

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. No. 6 Registration District No. 1089 Registered No. 3
Inc. Town Paradise, Ky Primary Registration District No. 6873 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
City (No. St., Ward)

2 FULL NAME Julia Bingham

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 Single, Married, Widowed or Divorced (Write the word)
6 DATE OF BIRTH Aug 14 1847 (Month) (Day) (Year)
7 AGE 81 yrs. 6 mos. 3 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) — —

PARENTS
10 NAME OF FATHER Billy Smith
11 BIRTHPLACE OF FATHER (State or country) Tenn.
12 MAIDEN NAME OF MOTHER Sarah Margan
13 BIRTHPLACE OF MOTHER (State or country) — —

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs John Piper
(Address) Paradise. Ky.

15 Filed 2-20, 1929 Martha D Fox Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 17, 1929 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 1929, to 2/17, 1929, that I last saw her alive on 2/17, 1929, and that death occurred on the date stated above at ... m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) ... yrs. — mos. 6 ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) W A Procter, M. D.
2/17, 1929 (Address) Bremen 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 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 Paradise Ky
DATE OF BURIAL 2-18, 1929
20 UNDERTAKER J R Kimmel
ADDRESS Drakesboro Ky.

11-3184

MARGIN RESERVED FOR BINDING
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.