

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

PLACE OF DEATH

County *Muhlenberg*Vol. No. *Removal*

Ino. Town

City

Registration District No. *7124*

Primary Registration District No.

(No. St., Ward)

File No. *16499*Registered No. *7124*

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

FULL NAME *Mary E. Perrin*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF BIRTH *1895*, 1 (Month) (Day) (Year)

AGE *19* yrs. ... mos. ... ds. IF LESS than 1 day ... hrs. or ... min.?

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

BIRTHPLACE (State or country) *Tennessee*

10 NAME OF FATHER *Jacob Mayo*

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER *Jarvis*

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Joley Bruce*(Address) *Crisney, Ky.*15 Filed *7/15, 1914* *Shirley Williams*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 11th 1914*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *June 10, 1914*, to *June 10, 1914*, that I last saw him alive on *June 10, 1914*, and that death occurred on the date stated above at *4*. The CAUSE OF DEATH* was as follows:
Britannia

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

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

(Signed) *D. P. Allerton, M. D.*

June 11, 1914 (Address) *Chillicothe*

*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, TRAN-SIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Family Burial Ground *June 12, 1914*

20 UNDERTAKER ADDRESS

Shirley Williams *Crisney, Ky.*