

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28190

1 PLACE OF DEATH

County *Muhlenberg*Vot. Pot. *West Point*

Ino. Town

City *Depoy*2 FULL NAME *Amanda L. Probst*Registration District No. *971*Primary Registration District No. *7133*

(No.)

St.,

Ward)

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widow*6 DATE OF BIRTH *May 10, 1849*
(Month) (Day) (Year)7 AGE *71* yrs. *8* mos. *10* ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. *Counsellor* (b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Muh. Co.*10 NAME OF FATHER *Marion Probst*11 BIRTHPLACE OF FATHER (State or country) *Ky.*12 MAIDEN NAME OF MOTHER *Judor*13 BIRTHPLACE OF MOTHER (State or country) *Ky.*14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Fred Kullips* (Address) *Depoy, Ky.*15 Filed *4/21/20* *C. B. Wilshire* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 20, 1920*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Nov 8*, 19*20* to *Nov 9*, 19*20*, that I last saw him alive on *Nov 8*, 19*20*, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows: *Epithelioma*..... (Duration) *5* yrs. mos. ds.Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) *B. J. Langabeit*, M. D. *124*, 19*20* (Address)

*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 *Depoy, Ky.* DATE OF BURIAL *11/24/20*20 UNDERTAKER *Samuel W. ...* ADDRESS *Depoy*