

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

PLACE OF DEATH

County *Washington*Reg. District *2*Incl. Town *H 2 2*Primary Registration District No. *9 2 2*

City

(No.)

St.

Ward

FULL NAME *Caroline Dealinger*File No. *2011*Registered No. *1*

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX

Female

2 COLOR OR RACE

White

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

4 DATE OF BIRTH

Oct 17 1878
(Month) (Day) (Year)

7 AGE

72 yrs. *2* mos. *30* 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)*Housewife*

9 BIRTHPLACE (State or country)

Smith Co. Tenn

10 NAME OF FATHER

Geo W. Cox

PARENTS

11 BIRTHPLACE OF FATHER (State or country)

Virginia

12 MAIDEN NAME OF MOTHER

Benny Haddock

13 BIRTHPLACE OF MOTHER (State or country)

Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *C. F. M. Pherson*(Address) *Bechtelms 117*

15

Filed *2/10/1921*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 12 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Jan 10*, 1921, to *Jan 12*, 1921, that I last saw him alive on *Jan 12*, 1921, and that death occurred on the date stated above at *2 P.M.* The CAUSE OF DEATH* was as follows:
Dementia(Duration) ... yrs. ... mos. *2* ds.

Contributory (secondary)

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

(Signed) *H. F. White*, M. D.*Jan 12, 1921* (Address) *Bechtelms 117*

*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 REGENT 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

Wyatt Chapel

DATE OF BURIAL

Jan 13, 1921

20 UNDERTAKER

L. H. Stuart *Bechtelms 117*

ADDRESS

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD. Every item of information should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.