

1 PLACE OF DEATH

County MuhlenbergVol. West Branch

Inc. Town.....

City.....

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1092
Primary Registration District No. 6827

19225

File No. 17

Registered No.....

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

3 FULL NAME Vernie Boatwright (No. _____ St. _____ Ward _____)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Infant
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Jan 9 1924
(Month) (Day) (Year)7 AGE 6 yrs. 6 mos. 24 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) Muhlenberg Co. Ky.10 NAME OF FATHER A. J. Boatwright11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky.12 MAIDEN NAME OF MOTHER Bessie E. Young13 BIRTHPLACE OF MOTHER (State or country) Butler Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. J. Boatwright
(Address) Beech Creek Ky.15 Filed 9/4, 1924 V. J. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 9 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 10, 1924, to Aug 9, 1924, that I last saw her alive on Aug 9, 1924, and that death occurred on the date stated above at 8:30 a.m.The CAUSE OF DEATH* was as follows:
Dis Colitis
(Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) M. H. Richardson, M. D.
Aug 7, 1924 (Address) Beach Creek 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 Wynell Chapel DATE OF BURIAL 9-4, 192420 UNDERTAKER L. H. Stuart ADDRESS Beach CreekWRITE 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.