

PLACE OF DEATH
County of Whitley CERTIFICATE OF DEATH

Vol. No. 16 Registration District No. 7135

Ino. Town Cleatons Primary Registration District No.

City (No.) St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Alberta Boggs

File No.
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH April 21, 1904
(Month) (Day) (Year)

7 AGE 13 yrs. 7 mos. 1 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. None (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

PARENTS
10 NAME OF FATHER Bud Boggs
11 BIRTHPLACE OF FATHER (State or country) Ky.
12 MAIDEN NAME OF MOTHER Betty Moore
13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bud Boggs
(Address) Cleatons, Ky.

15 Filed 1/24, 1917 W. H. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 23, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1917, to Mar 22, 1917, that I last saw her alive on Mar 22, 1917, and that death occurred on the date stated above at 4:30 P.M. The CAUSE OF DEATH* was as follows:
Typhoid fever

(Duration) ... yrs. ... mos. 12 ds.

Contributory (SECONDARY)

(Signed) LeRoy Mullis, M. D.
Mar 23, 1917 (Address) Cleatons, 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 Company Grave yard DATE OF BURIAL Mar 24, 1917.
20 UNDERTAKER Joe E. George ADDRESS Summitville, Ky.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
R. 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.