

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

22655

1 PLACE OF DEATH  
County Muhlenberg Registration District No. 57  
Vol. Pat. \_\_\_\_\_ Primary Registration District No. 2436  
Ino. Town Greenville City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward) \_\_\_\_\_  
2 FULL NAME Mathie L. Boggs

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 Single  
(Write the word)  
6 DATE OF BIRTH Dec 17, 1921  
(Month) (Day) (Year)  
7 AGE 6.8 yrs. 9 mos. 28 ds. IF LESS than 1 day... hrs. or... min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work. Teacher in  
(b) General nature of industry business or establishment in which employed (or employer) Public Schools  
9 BIRTHPLACE (State or country) North Texas

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 15, 1921  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1921, to Oct 13, 1921, that I last saw her alive on Oct 13, 1921, and that death occurred on the date stated above at 5.30 m. The CAUSE OF DEATH\* was as follows:  
Colitis Tubercula  
(Duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

10 NAME OF FATHER Lennel Boggs  
11 BIRTHPLACE OF FATHER (State or country) Mich. Co. Ky  
12 MAIDEN NAME OF MOTHER Frances Adkins  
13 BIRTHPLACE OF MOTHER (State or country) W. Va.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Opardell Wilson, M. D. Oct 15, 1921 (Address) Greenville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. L. Boggs  
(Address) Greenville 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 \_\_\_\_\_

15 Filed 10/21/21 W. Wickliffe REGISTRAR  
Wickliffe

19 PLACE OF BURIAL OR REMOVAL Greenville Ky DATE OF BURIAL 10/16, 1921  
20 UNDERTAKER McDonald & Bell ADDRESS Greenville Ky

WRITE 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.