

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

27993

1 PLACE OF DEATH

Court *Muhlenberg*

Vet. Pat. *A. C. Howe*

Ino. Town

City

Registration District No. *871*

Primary Registration District No. *7131*

(No. St. Ward)

File No.

Registered No.

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

2 FULL NAME *Mrs. Mollie Boggs*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
(Write the word)

6 DATE OF BIRTH 1
(Month) (Day) (Year)

7 AGE *74* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. *at home* (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or county) *Muhlenberg Co. Ky*

10 NAME OF FATHER *not known*

11 BIRTHPLACE OF FATHER (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *P. E. Boggs* (Address) *Greenville Ky*

15 Filed *1/15/15*, 191*5* *P. B. Harris* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 14 1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 9*, 191*5*, to *Nov 14*, 191*5*, that I last saw h. or alive on *Nov 14*, 191*5*, and that death occurred on the date stated above at *9 p.m.* The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) yrs. mos. *4* ds.
Contributory *None*
..... (Duration) yrs. mos. ds.

(Signed) *H. Y. Akaton*, M. D.
Nov. 15, 191*5* (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

19 PLACE OF BURIAL OR REMOVAL *Rice B. G.* DATE OF BURIAL *Nov. 15, 1915*

20 UNDERTAKER *McDonald & Dewitt* ADDRESS *Greenville*

S. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every instance of OCCUPATION is very important. See instructions on back of certificate.