

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

1358

1 PLACE OF DEATH
County *Jefferson*

File No.
Registered No. *314*

Vot. Pct. Registration District No.
Ino. Town Primary Registration District No.

City *Louisville* (No. *Sts Mary & Elizabeth Hospital*)
[If death occurred in a hospital or institution, give the name instead of street and number.]

2 FULL NAME *Lena Polus*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *July 13th 1891*
(Month) (Day) (Year)

7 AGE *38 yrs. 6 mos. 18 ds.*
IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Port Lebanon Syria*

10 NAME OF FATHER *Beatius Deerwood*

11 BIRTHPLACE OF FATHER (State or country) *Syria*

12 M A I D E N NAME OF MOTHER *Sarda Arkos*

13 BIRTHPLACE OF MOTHER (State or country) *Syria*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Mulla Polus*
Central City Ky
(Address)

15 Filed *FEB 2 1920*
191
A. E. Warfield
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *January 31st 1920*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 28*, 1920, to *Jan 31*, 1920, that I last saw him alive on *Jan 31*, 1920, and that death occurred on the date stated above at *7 P. m.* The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) ... yrs. ... mos. ... ds.
Contributory (SECONDARY) *following Child Birth*

(Signed) *J. Hunter Peak*, M. D.
Feb 1, 1920 (Address) *Starks Bldg*

*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 *Central City Ky*

19 PLACE OF BURIAL OR REMOVAL *Central City Ky*
DATE OF BURIAL *Feb 1, 1920*

20 UNDERTAKER *Frank Smith's Son*
ADDRESS *S E Cor 6 & 7 Ave*

See instructions on back of certificate.