

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

PLACE OF DEATH
Muhlenberg

County *Muhlenberg*

Vol. No. *Wilson Ky*

Inc. Town

City

Registration District No. *7139*

Primary Registration District No. *19*

File No. *22039*

Registered No. *74*

[If death occurred in a hospital or institution, give the name thereof and number.]

FULL NAME *Onedia Boone*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Sept 4, 1916*
(Month) (Day) (Year)

7 AGE *18* yrs. mos. 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) *Muhlenberg co*

10 NAME OF FATHER *Jesse Boone*

11 BIRTHPLACE OF FATHER (State or country) *Groveson co.*

12 MAIDEN NAME OF MOTHER *Grace Everley*

13 BIRTHPLACE OF MOTHER (State or country) *Ohio co.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Rob. T. Aule*

(Address) *Wilson Ky*

15 Filed *9/5, 1916* by *J. D. Maple* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 4, 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Sept 2, 1916*, to *Sept 4, 1916*, that I last saw her alive on *Sept 4, 1916*, and that death occurred on the date stated above at *11:30 p.m.* The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. *4* ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *Chas. W. Full*, M. D. *Sept 5, 1916* (Address) *Wilson Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT 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 *Equality Ohio Co.* DATE OF BURIAL *9/15, 1916*

20 UNDERTAKER *Walter Moore* ADDRESS *Equality Ky*

MAKING RESERVED FOR MEMORANDUM

WRITE PLAINLY WITH WRITING INK.—THIS IS A PERMANENT RECORD. 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.