

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

28760

## PLACE OF DEATH

County FranklinVol. No. # 5Inc. Town FranklinCity Franklin (No. 1 St. 1 Ward 1)Registration District No. 125Primary Registration Dist. No. 125File No. 27Registered No. 27

If death occurred in  
a hospital or institution  
give the name of the institution  
(if street and number.)

FULL NAME Celeste Boston

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE C 1 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

DATE OF BIRTH Feb. 14, 1910  
(Month) (Day) (Year)

AGE 1 yrs. 9 mos. 9 ds. If LESS than 1 day... hrs. or... min.?

## OCCUPATION

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)

## BIRTHPLACE (State or country)

Kentucky

## PARENTS

10 NAME OF FATHER Henry Boston11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Blanche Johnson13 BIRTHPLACE OF MOTHER (State or country) Kentucky

## THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H Boston(Address) Franklin15 Filed 11-13, 1912 J.R. Kimmel REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 12, 1912  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1912, to Nov 12, 1912,that I last saw her alive on Nov 12, 1912,and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH\* was as follows:

Diphtheria & enteritis(Duration) 1 yrs. 15 ds.

Contributory (Secondary)

(Duration) 1 yrs. 15 ds.(Signed) Dr. James B. May, M. D.  
Nov 19, 1912 (Address) Franklin

\*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 1 yrs. 15 mos. 9 ds. State 1 yrs. 15 mos. 9 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Smiths Lane DATE OF BURIAL 11-13, 191220 UNDERTAKER W. S. Bridges ADDRESS Franklin