

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

14662

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *5*

Registration District No. *7135*

Ino. Town *Cleaton Ky*

Primary Registration District No. *(P)*

City

(No. *14*) St., (Ward)

2 FULL NAME *Liamah B. Bunting*

File No.

Registered No. *125*

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *widowed*

16 DATE OF DEATH *April 26, 1919*
(Month) (Day) (Year)

DATE OF BIRTH *Jan 28, 1849*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *April 26, 1919* to *April 26, 1919*, that I last saw her alive on *April 26, 1919*, and that death occurred on the date stated above at *11 P. m.* The CAUSE OF DEATH* was as follows:

7 AGE *70* yrs. *7* mos. *28* ds. IF LESS than 1 day... hrs. or... min.?

Apoplexy
(Duration) ... yrs. ... mos. ... ds.

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)

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

9 BIRTHPLACE (State or country) *Kentucky*

(Signed) *C. D. Almon*, M. D. *4/26/1919* (Address) *Cleaton Ky*

10 NAME OF FATHER *Nelson Hayden*

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

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

12 MAIDEN NAME OF MOTHER

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

13 BIRTHPLACE OF MOTHER (State or country)

Where was disease contracted, if not at place of death? Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Liamah B. Bunting*

19 PLACE OF BURIAL OR REMOVAL *Wickliff 87* DATE OF BURIAL *April 29, 1919*

(Address) *Cleaton Ky*

20 UNDERTAKER *Geo E. George* ADDRESS *Kennelsville Ky*

15 Filed *4-29-1919*

REGISTRAR

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.