

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

22881

PLACE OF DEATH
County Wickliffe
Vol. Pat. E. Rogers
Inc. Town
City (No. St.) Ward

File No.
Registered No. 891

FULL NAME Bonnie Ellen Purney

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 19, 1878
(Month) (Day) (Year)

AGE 37 yrs. 3 mos. 10 ds. If LESS than 1 day ... hrs. or ... min.?

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

BIRTHPLACE (State or country) Kosar County

PARENTS
10 NAME OF FATHER Wm Powell
11 BIRTHPLACE OF FATHER (State or country) Tennessee
12 MAIDEN NAME OF MOTHER Julia Robertson
13 BIRTHPLACE OF MOTHER (State or country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robt Clark
(Address) Paducah, Ky

FILED 9/29, 1915 L. B. Wiseliff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 29, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23, 1915, to Sept 28, 1915, that I last saw her alive on Sept 28, 1915, and that death occurred, on the date stated above, at 2:30 pm.

The CAUSE OF DEATH* was as follows:

typhenteria

(Duration) ... yrs. ... mos. 7 ds.
Contributory Malaria
(SECONDARY) (Duration) ... yrs. ... mos. 12 ds.

(Signed) Henry Y. Slaton, M. D.
9-29, 1915 (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

PLACE OF BURIAL OR REMOVAL Jennigan's Chapel DATE OF BURIAL 9/29, 1915
UNDERTAKER Oren L. Roark ADDRESS Greenville, Ky.

NOTE: PLAINLY, WITH DURING THE TIME IS A FAVORABLE CASE. Every item of information should be carefully supplied. AGE should be stated in FULL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Examine instrument of CONSERVATION is very important. See instructions on back of certificate.