

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7648

File No.

Registered No.

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

1 PLACE OF DEATH

County *Muhlenberg*Vol. Pct. *E Baggett*

Inc. Town.

City.

Registration District No. *1093*Primary Registration District No. *6832*

(No. St. Ward)

2 FULL NAME

Victoria Boring

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 Single *Unmarried*
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH *June 1899*
(Month) (Day) (Year)7 AGE *84* yrs. mos. ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer) *at home*9 BIRTHPLACE (State or country) *Tenn*10 NAME OF FATHER *Dan Jennings*11 BIRTHPLACE OF FATHER (State or country) *Tenn*12 MAIDEN NAME OF MOTHER *Chambers*13 BIRTHPLACE OF MOTHER (State or country) *part know*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Clay Boring*(Address) *Greenville/54*

15 Filed 192..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 3, 1925*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 192..... to 192.....
that I last saw ~~her~~ alive on *Feb 26*, 1925,
and that death occurred on the date stated above at *10.0 a.m.*

The CAUSE OF DEATH* was as follows:

Bronchitis(Duration) yrs. mos. *10* ds.Contributory (Secondary) *Pneumonia*(Duration) *4* yrs. mos. ds.(Signed) *E. L. Galt*, M. D.
Mar 3, 1925 (Address) *Greenville/54*

*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 residence19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
*Jennings Chapel March 4, 1925*20 UNDERTAKER ADDRESS
M. B. McDonald Greenville/54

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.