

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County WashingtonVol. Pat. Kincheloe, Sheriff #4Inc. Town Near Central City, Ky.

870

7124

File No. 22864Registered No. 32864

City (No. _____ St.) _____ Ward _____

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

2 FULL NAME Annie Kincheloe Calhoun

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married6 DATE OF BIRTH February 28, 1888
(Month) (Day) (Year)7 AGE 27 yrs. 6 mos. 19 ds. If LESS than 1 day... hrs. or... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Washington Co. Ky.10 NAME OF FATHER Clara H. Kincheloe11 BIRTHPLACE OF FATHER (State or country) Washington Co.12 MAIDEN NAME OF MOTHER Bettie C. Moore13 BIRTHPLACE OF MOTHER (State or country) Washington Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. S. Cressdiff
(Address) Central City, Ky.15 Filed Sept. 17, 1915 W. L. Zander
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 16, 1915
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1915, to Sept. 16, 1915, that I last saw her alive on Sept. 15, 1915, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH* was as follows:

Tuberculosis(Duration) 1 yrs. mos. ds.

Contributory (Secondary) _____ yrs. _____ mos. _____ ds.

(Signed) J. T. Taylor M. D.Sept. 17, 1915 (Address) Central City, Ky.

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

(15) 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 _____

19 PLACE OF BURIAL OR REMOVAL Farmwood Cemetery DATE OF BURIAL Sept. 17, 191520 UNDERTAKER Martine Moore ADDRESS Central City, Ky.

MAILED FOR DEPOSIT IN THE REGISTER

NOTE: PLACES WITH UNPAID TAXES IN A PREVIOUS YEAR. REGISTRARS SHOULD ADVISE THE BOARD OF HEALTH IN PLACES WHERE, AS THAT IT MAY BE PROPERLY CHANGED. EXACT STATEMENT OF OCCUPATIONS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.