

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

16962

PLACE OF DEATH
County Woolverton

Vot. Pot. GRAHAM, KY.

Ino. Town

City

Registration District No. 2140

Primary Registration District No.

File No. 12

Registered No. 12

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

FULL NAME Lucinda Charlie

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

6 DATE OF BIRTH Sept-9-1857
(Month) (Day) (Year)

7 AGE 61 yrs. 9 mos. 30 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) Ky.

PARENTS

10 NAME OF FATHER Jesse Hudson

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leke Woodruff
(Address) Graham Ky.

15 Filed 6/10, 1919 J. C. Keeney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 20, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1919, to May 20, 1919, that I last saw him alive on May 27, 1919, and that death occurred on the date stated above at 3 a.m. The CAUSE OF DEATH* was as follows:

Chronic Poliomylitis

(Duration) 8 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Shastley, M. D.
May 20, 1919 (Address) Graham 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

19 PLACE OF BURIAL OR REMOVAL Graham Ky. DATE OF BURIAL May 30, 1919

20 UNDERTAKER R. J. Beard ADDRESS Graham Ky.

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 understood. Exact statement of OCCUPATION is very important. Instructions on back of certificate.