

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

PLACE OF DEATH

County Martin

Vet. Post. 5

Inc. Town Drakesboro Ky

City Drakesboro Ky

872
7125

St. Ward

FULL NAME Mrs Nelly Chapman

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH July 22 (Month) (Day) (Year)

7 AGE 22 yrs. 4 mos. 12 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)

9 BIRTHPLACE (state or country) Logan County

10 NAME OF FATHER Lawrence

11 BIRTHPLACE OF FATHER (State or country) Logan

12 MAIDEN NAME OF MOTHER Harrison

13 BIRTHPLACE OF MOTHER (State or country) Martin

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nelly Chapman

(Address) Drakesboro Ky

15

Filed 4-6, 1914 J. K. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 5, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1914, to April 5, 1914, that I last saw her alive on April 5, 1914, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

pulmonary embolism

(Duration) 5 yrs. 5 mos. 1 ds.

Contributory (Duration) 5 yrs. 5 mos. 1 ds.

(Signed) J. D. Buidy M. D. April 5, 1914 (Address) Drakesboro Ky

*State the IMMEDIATE CAUSE, or in deaths from VIOLENT CAUSES, (1) MEANS OF DEATH, and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

(1) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death: 5 yrs. 5 mos. 1 ds. In the State 5 yrs. 5 mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Thompson Ave DATE OF BURIAL April 6, 1914

20 UNDERTAKER J. Buidy ADDRESS Drakesboro Ky

DEATH

M. D. - Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS, DAYS, HOURS, MINUTES, SECONDS. PLACE OF DEATH should be stated in FULL. 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.