

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. No. Summary #14 Registration District No. 7134File No. 23300

Inc. Town ..... Primary Registration Dist. No. ....

Registered No. 20

City ..... (No. ...., St.) ..... Ward .....

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

3 FULL NAME Eranssie Cibney

## PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 4 COLOR OR RACE Mulatto 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single6 DATE OF BIRTH Nov 29, 1896  
(Month) (Day) (Year)7 AGE 15 yrs. 9 mos. 4 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) Muhlenberg, Ky10 NAME OF FATHER Logan Cibney11 BIRTHPLACE OF FATHER (State or country) Muhlenberg, Ky12 MAIDEN NAME OF MOTHER Mollie Bard13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg, Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Logan Cibney  
(Address) Greenville, Ky15 Filed 9/14/1912 S. A. Stewart  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9/13, 1912  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 31<sup>st</sup>, 1912, to Sept 13, 1912, that I last saw her alive on Sept 13, 1912, and that death occurred, on the date stated above, at U.S.A.  
The CAUSE OF DEATH\* was as follows:  
Typhoid Fever

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

(Signed) T. J. Edgel, M. D.  
9/13/1912 (Address) Greenham, 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? .....19 PLACE OF BURIAL OR REMOVAL Mount Zion cemetery DATE OF BURIAL 9/14/191220 UNDERTAKER Orien L. Roark ADDRESS Greenville, Ky

WRITE PLAINLY, WITH UNFADING INK—TENS IN A PERMANENT INK—

E. S.—Every item of information should be carefully supplied. AGE should be stated IN FULLY. 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.