

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

1 PLACE OF DEATH  
County Muhlenberg  
Vot. Pot. Rosewood  
Ino. Town .....  
City ..... (No. .... St., ..... Ward)  
2 FULL NAME Sarah Wisney

File No. 7699  
Registered No. ....  
(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)  
6 DATE OF BIRTH March 20th, 1877  
(Month) (Day) (Year)  
7 AGE 41 yrs. 10 mos. 21 ds. IF LESS THAN 1 day, ... hrs. or ... min.  
8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Housekeeper  
(b) General nature of industry, business or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky  
10 NAME OF FATHER Robt. Craig  
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky  
12 MAIDEN NAME OF MOTHER Mary Greenwood  
13 BIRTHPLACE OF MOTHER (State or country) Muh. Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) B. O. Wittell  
(Address) Greenville Ky P. 4

15  
Filed ..... 191.....  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 10, 1919  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1919, to Feb 10, 1919, that I last saw her alive on Feb 10, 1919, and that death occurred on the date stated above at 8 m. The CAUSE OF DEATH\* was as follows:  
Pneumonia Pneumonia

(Duration) 2 yrs. .... mos. .... ds.  
Contributory Emphysema .....  
(Duration) .... yrs. .... mos. 5 ds.  
(Signed) Henry J. Platten, M. D.  
Feb 11, 1919 (Address) Greenville Ky

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) KIND 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. State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL Rosewood B. G. DATE OF BURIAL Feb 11, 1919  
20 UNDERTAKER McDonald & Bell ADDRESS Greenville Ky

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE IS VERY IMPORTANT. See instructions on back of certificate.