

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

1 PLACE OF DEATH

County *Muhlenberg*

Vet. Pot.

Registration District No. *744*

871

File No.

11453

Ino. Town

Greenville

Primary Registration District No. *712*

2436

Registered No.

City

Greenville, Ky.

(No.

St.,

Ward)

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

2 FULL NAME

Victoria Deunovous

DELAY

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *April 27, 1885*
(Month) (Day) (Year)

7 AGE *30* yrs. *10* mo. *25* da. IF LEFT *1* day *10* hr. *15* min.

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) *At home*

9 BIRTHPLACE (State or country) *Muhlenberg Co. Kentucky*

PARENTS 10 NAME OF FATHER *James N. Deunovous* 11 BIRTHPLACE OF FATHER (State or country) *Kentucky* 12 MAIDEN NAME OF MOTHER *Bessie Gandy* 13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *James N. Deunovous*
(Address) *Greenville, Ky.*

15 *1/18, 1915*
J. C. B. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *January 17, 1915*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased *Dec.*, 1914, to *Jan. 17*, 1915, and that I last saw her alive on *Jan. 17*, 1915, and that death occurred on the date stated above at *2:30* p.m. The CAUSE OF DEATH was as follows:

Phthisis ①

(Duration) *2* yrs. *0* mo. *0* da.

Contributory (each name) *None*

(Signed) *C. B. [Signature]* M. D.
Jan. 18, 1915 (Address) *Greenville, Ky.*

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

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERS OR RECENT RESIDENTS)

At place of death *2* yrs. *0* mo. *0* da. State *10* yrs. *0* mo. *0* da. In the *10* yrs. *0* mo. *0* da. State *10* yrs. *0* mo. *0* da. Where was disease or injury first noted, if not at place of death? Former or usual residence

18 PLACE OF BURIAL OR REMOVAL *Deer Creek* DATE OF BURIAL *Jan. 18, 1915*

19 UNDERTAKER *Oren L. Brock* ADDRESS *Greenville, Ky.*

WRITE PLAINLY. ON SHIPPING INK—THIS IS A PERMANENT RECORD

2. Every item of information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be readily classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.