

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

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *E. Bojarski*

Ino. Town

Registration District No. *871*

Primary Registration District No. *7152*

City (No. St. Ward)

2 FULL NAME *Ardilla Cobb*

File No. *15933*

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 *Widow*  
(Write the word)

6 DATE OF BIRTH *1*  
(Month) (Day) (Year)

7 AGE *about 68* yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. *At home*  
(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 *Spinks*

11 BIRTHPLACE OF FATHER (State or country) *Dont know*

12 MAIDEN NAME OF MOTHER *Garris*

13 BIRTHPLACE OF MOTHER (State or country) *Dont know*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *O. L. Pies*  
(Address) *St. Lawrence Ky*

15 File # *777 p. 101* *O. B. Bleckhage*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 16, 1921*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *July 13, 1921*, to *July 16, 1921*, that I last saw him alive on *July 16, 1921*, and that death occurred on the date stated above at *6 P.M.* The CAUSE OF DEATH\* was as follows:  
*Enteric Colitis*

(Duration) yrs. mos. ds. Contributory (SECONDARY) *Chronic Intestinal Nepliasis*

(Signed) *Chambire*, M. D. (Duration) *4* yrs. mos. ds.

(Address)

\*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. Was there disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Zions B.S.* DATE OF BURIAL *July 17, 1921*

20 UNDERTAKER *McDonald & DeWitt Louisville*

MARGIN RESERVED FOR ENDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. D.--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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.