

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

1 PLACE OF DEATH  
County Mt. Vernon  
Vol. Pat. 22-1  
Inc. Town Near Remyrey  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 1975

2 FULL NAME Mrs. J. E. Coffman

(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 (Write the word) Married

6 DATE OF BIRTH Sept. 1892  
(Month) (Day) (Year)

7 AGE 68 yrs. Sept. 1892 1892  
If LESS than 1 day... hrs. or... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9 BIRTHPLACE (State or country) Bremen  
Muhlingburg, Co. Ky

10 NAME OF FATHER Jacob Kish

11 BIRTHPLACE OF FATHER (State or country) Muhlingburg, Co. Ky

12 MAIDEN NAME OF MOTHER Susan Kittinger

13 BIRTHPLACE OF MOTHER (State or country) Muhlingburg, Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John L. Kish  
(Address) Central City, Ky

15 Filed Jan 16, 1911 Theo. L. Metzger  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 10, 1911  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 11<sup>th</sup>, 1911, to Jan 10<sup>th</sup>, 1911, that I last saw h.e. alive on Jan 10<sup>th</sup>, 1911, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH\* was as follows:  
intestinal Obstruction  
(Duration) yrs. mos. 5 ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) yrs. mos. ds.  
(Signed) W. L. Kistner M. D.  
Jan 16, 1911 (Address) Calhoun, 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?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Poplar Grove Ky DATE OF BURIAL Jan 17, 1911

20 UNDERTAKER Muster & Lockert ADDRESS Calhoun Ky

WRITE CAREFULLY, WITH CARE AND PRECISION. THIS IS A PERMANENT RECORD.

2. B.-Every item of information should be carefully verified. 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.