

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33200

1 PLACE OF DEATH
County MULLENBERG
Vol. Pat. HILLSIDE #16
Inc. Town _____
City _____ (No. _____ St.; _____ Ward)

REG DIST.
7136

File No. _____
Registered No. 62
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME IDA LEE COLLINS

PERSONAL AND STATISTICAL PARTICULARS

3 SEX FEMALE 4 COLOR OR RACE WHITE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If in the word) MARRIED

6 DATE OF BIRTH OCT 26TH 1886
(Month) (Day) (Year)

7 AGE 27 yrs. 1 mos. 22 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) BEVIER KY

PARENTS
10 NAME OF FATHER JOHN FLEWALLEN
11 BIRTHPLACE OF FATHER _____ (State or country)
12 MAIDEN NAME OF MOTHER MINERVA ADCOCK
13 BIRTHPLACE OF MOTHER _____ (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Stewart Collins
(Address) Mar. 7th

15 Filed 12/19/1913 Mrs. J. A. Houston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 18th 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1913, to Dec 18, 1913, that I last saw her alive on Dec 14, 1913, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(Duration) 1 yrs. 1 mos. 14 ds.
Contributory (SECONDARY) Gastro enteritis
(Duration) 1 yrs. 1 mos. 14 ds.
(Signed) J. P. Walton, M. D.
(Address) Central City Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
(15) 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 BEVIER KY DATE OF BURIAL 12/19/1913
20 UNDERTAKER MARTIN MOORE ADDRESS CENTRAL CITY KY

N. B.—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.