

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

1 PLACE OF DEATH  
County Muhlenberg

Vol. Fol. -----

Ino. Town -----

City Central City, Ky.

3 FULL NAME Mary Virginia Crabtree

870  
2435-

File No. 20719

Registered No. 41

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

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 24, 1912  
(Month) (Day) (Year)

7 AGE 20 yrs. 20 mos. 0 ds. If LESS than 1 day.... hrs. or.... min.?

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

9 BIRTHPLACE (State or country) Central City, Ky.

10 NAME OF FATHER James Albert Crabtree

11 BIRTHPLACE OF FATHER (State or country) Daviess County, Ky.

12 MAIDEN NAME OF MOTHER Anna Jane Mc Muller

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. C. Crabtree  
(Address) Central City, Ky.

15 Filed Aug 12, 1912 A. L. Bland  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 12, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1912, to Aug 12, 1912, that I last saw her alive on Aug 11, 1912, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH was as follows:  
Lack of Nutrition due to premature birth

(Duration) .... yrs. .... mos. 20 ds.

Contributory (SECONDARY) (Duration) .... yrs. .... mos. .... ds.

(Signed) J. P. Walton M. D.  
Aug 12, 1912 (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

(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 Central City, Ky. DATE OF BURIAL Aug. 12, 1912

20 UNDERTAKER Mathew Moore ADDRESS Central City

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

2. B.—Every item of information should be carefully checked. 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.