

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10819

County Muhlenberg

File No.

Vet. Pot. Court HouseRegistration District No. 1099

Registered No.

Inc. Town

Primary Registration District No. 630

City

(No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nasia Ann Creek

(a) Residence. No. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single married
Married
Widowed
or
Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE 60 yrs. 1 mos. 2 ds. IF LESS than 1
day hrs
or min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work. Housekeeper
(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE (city or town)
(State or country) Muhlenberg Co. Ky.PARENTS
10 NAME OF FATHER11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)14 (Informant) J. W. McPherson
(Address) Greenville Ky.15 Filed 4-4-28 C. B. Wickliffe,
By M. Wells. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 3, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from....., 19....., to....., 19.....,
that I last saw h..... alive on....., 19.....,
and that death occurred on the date stated above at 8 P.M.
The CAUSE OF DEATH* was as follows:
Tubercular BowelsNo physician in attendance
(Duration) yrs. mos. ds.

Contributory (Secondary)

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?

Did an operation precede death?..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mrs. Mary E. McPherson
475, 1928 (Address) Greenville Ky.*State the Disease Causing Death, or, in deaths from Violent
Causes, state (1) Means and nature of Injury; and (2) whether
Accidental, Suicidal or Homicidal. (See reverse side for addi-
tional space.)19 PLACE OF BURIAL OR REMOVAL Friendship B.S. DATE OF BURIAL April 4, 192820 UNDERTAKER M B M Donald ADDRESS Greenville Ky.

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

N. B.—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.

MARRIED REGISTERED FOR RECORDS