

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

PLACE OF DEATH

County MitchellReg. Dist. No. 871Ino. Town..... Primary Registration District No. 7131

City..... (No..... St.,..... Ward)

FULL NAME Constance CrickFile No. 16484Registered No. 45

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)DATE OF BIRTH....., 1.....
(Month) (Day) (Year)AGE 74 yrs. 8 mos. 2 ds. IF LESS than 1 day... hrs. or... min.?OCCUPATION
(a) Trade, profession, or particular kind of work... Housekeeper
(b) General nature of industry, business or establishment in which employed (or employer)BIRTHPLACE (State or country) TennesseePARENTS
10 NAME OF FATHER Jesse Ray11 BIRTHPLACE OF FATHER (State or country) not Tenn12 MAIDEN NAME OF MOTHER Flora Young13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. F. Browning(Address) W. H. Ky15 DIED June 21, 1914 W. H. Crick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20, 1914
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from April 25, 1914 to May 12, 1914, that I last saw her alive on May 12, 1914, and that death occurred on the date stated above at 12 m. The CAUSE OF DEATH* was as follows:TuberculosisContributory (SECONDARY)..... (Duration) 1 yrs..... mos..... ds.

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

(Signed) G. H. Graess, M. D.
June 21, 1914 (Address) Greenville, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSED 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 Friendship Bk DATE OF BURIAL June 21, 191420 UNDERTAKER W. Donald Denton ADDRESS Greenville, Ky