

## Commonwealth of Kentucky

FORM V-5 1908M 3-25-12

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

30854

1 PLACE OF DEATH

## CERTIFICATE OF DEATH

File No. ....

County

Muhlenberg

Registration District No. 571

Registered No. ....

Vot. Pot. ....

Primary Registration District No. 2434

Ino. Town

Greenville

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

City

2 FULL NAME

Minnie Crisp

(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)6 DATE OF BIRTH Nov. 25, 1919  
(Month) (Day) (Year)7 AGE yrs. mos. ds.  
IF LESS than 1 day... hrs. or 1 min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business or establishment in which employed (or employer)  
None

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

PARENTS

10 NAME OF FATHER J. B. Crisp

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

12 MAIDEN NAME OF MOTHER Clara Cable

13 BIRTHPLACE OF MOTHER (State or country) Stuart Co. Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. B. Crisp  
(Address) Greenville Ky

15 Filed 12/1, 1919 C. B. Wickham REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 25, 1919  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 2:30 P.M., 1919, to 8:00 P.M., 1919, that I last saw him alive on Nov. 25, 1919, and that death occurred on the date stated above at Greenville, Ky. THE CAUSE OF DEATH\* was as follows:  
Stillborn

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

(Signed) L. P. Thomas, M. D.  
Nov. 26, 1919 (Address) Greenville 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. State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Greenville Ky

DATE OF BURIAL Nov. 26, 1919

20 UNDERTAKER McDonald &amp; Smith Greenville Ky

WRITE PLAINLY, WITH UNFADING INK.—THIS IS AN IMPORTANT DOCUMENT. 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.