

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

PLACE OF BIRTH
County Muhlenberg
Vol. No. # 6
Inc. Town
City Paris, Ky (No.) (St.) Ward)

File No. 26809Registered No. 43

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

FULL NAME Esther May Crosby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Feb. 24, 1908</u> (Month) (Day) (Year)		
7 AGE <u>6</u> yrs. <u>8</u> mos. <u>9</u> ds.		IF LESS than 1 day.... hrs. or.... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Mo. (land)</u>		
PARENTS	10 NAME OF FATHER <u>D. H. Crosby</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Jones</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(informant) D. H. Crosby
(Address) Paris, Ky

15
Filed 10/10, 1914 J. R. Kennel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>Oct 9</u> , 1914 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from <u>July 16</u> , 1914, to <u>Oct 9</u> , 1914, that I last saw her... alive on <u>Oct 9</u> , 1914, and that death occurred, on the date stated above, at <u>8 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Tuberculosis of Bowels</u> <u>about 4 months</u> (Duration) yrs. mos. ds. Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) <u>J. D. Sandiff</u> , M. D. <u>Oct 16</u> , 1914 (Address) <u>Paris, Ky</u>

*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
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19 PLACE OF BURIAL OR REMOVAL <u>City Burial yard</u>	DATE OF BURIAL <u>Oct 12</u> , 1914
20 UNDERTAKER <u>W. S. Bridges</u>	ADDRESS <u>Paris, Ky</u>