

Form V. S. 1-1526-4-19-19

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

1 PLACE OF DEATH

County MuhlenbergVet. Pct. 32Registration District No. 1088Inc. Town StratfordPrimary Registration District No. 2437

City (No. St. Ward)

2 FULL NAME Ellen CrossFile No. 16145Registered No. 81

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE Negro5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH

February 11, 1860

(Month) (Day) (Year)

7 AGE

66 yrs. 4 mos. 11 ds.IF LESS than 1  
day ----- hrs.  
or ----- min?

8 OCCUPATION

(a) Trade, profession or particular kind of work. Domestic

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country) Kentucky

10 NAME OF FATHER

Lawson Drake

11 BIRTHPLACE OF FATHER

(State or country) Ky

12 MAIDEN NAME OF MOTHER

Ellen Smith

13 BIRTHPLACE OF MOTHER

(State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Roena Littlepage(Address) Stratford Ky

15

Filed 6-25, 1926 J. H. Minard

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 22, 1926  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 6-22, 1926, to 6-22, 1926,

that I last saw h..... alive on....., 192.....

and that death occurred on the date stated above at 12m.

The CAUSE OF DEATH\* was as follows:

Unknown disease(Duration) ..... yrs. .... mos. 1 ds.

Contributory (Secondary)

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

(Signed) J. P. Harlan, M. D.  
6-25, 1926 (Address) Stratford 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 ..... yrs. .... mos. .... ds. In the

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

DATE OF BURIAL

SmithJune 24, 1926

20 UNDERTAKER

ADDRESS

Blake FinchDrakeboro Ky

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

N. B.—Every item of Informant's data should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD REPRODUCED FOR RESEARCH