

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

File No. **7651****1 PLACE OF DEATH**County **Mullikin**

Vot. Pct. _____

Registration District No. **6843**Inc. Town **Mercury**Primary Registration District No. **66**

City _____ (No. _____ St. _____ Ward _____)

Registered No. _____

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

2 FULL NAME **Anna Lee Pulhutsen****PERSONAL AND STATISTICAL PARTICULARS**3 SEX **Female**4 COLOR OR RACE **White**5 Single Married **Married**
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH **July 16 1894**(Month) **16** (Day) **1894** (Year)7 AGE **30 yrs. 7 mos. 17 ds.**

IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION

(a) Trade, profession or particular kind of work. **None**

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

9 BIRTHPLACE (State or country) **Kentucky****PARENTS**10 NAME OF FATHER **W. W. Ingley**11 BIRTHPLACE OF FATHER (State or country) **Kentucky**12 MAIDEN NAME OF MOTHER **Bethie Jones**13 BIRTHPLACE OF MOTHER (State or country) **Kentucky**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Mrs. J. Ingley**(Address) **Mercury Ky**

15

Filed **Esse LITTLE**192 **Esse LITTLE**

Registrar

MEDICAL CERTIFICATE OF DEATH16 DATE OF DEATH **March 3 1925**(Month) **3** (Day) **1925** (Year)17 I HEREBY CERTIFY, That I attended deceased from **2-19 1925** to **3-3 1925**,and that I last saw her alive on **3-2 1925**, and that death occurred on the date stated above at **2:30 P.M.**

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis(Duration) **8 yrs.** mos. _____ ds.Contributory (Secondary) **Childbirth**(Duration) _____ yrs. _____ mos. **3** ds.(Signed) **W. C. McNeil**, M. D.
3-3 1925 (Address) **Central Ky**

*State the Disease Causing Death, or, in death 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 _____ 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 **Mercury Ky** DATE OF BURIAL **3/4/25**20 UNDERTAKER **E. J. Anderson**ADDRESS **Mercury Ky**

NAME RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is 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.