

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

20723

1 PLACE OF DEATH
County Muhlenberg
Vol. West. Central
Inc. Town

870
7123

File No.
Registered No. 73 ⁴³
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City (No. St. Ward)

2 FULL NAME Missie Lunscliff

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH May 16, 1890
(Month) (Day) (Year)

7 AGE 22 yrs. 3 mos. 8 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) 6

9 BIRTHPLACE (state or country) Muhlenberg Co.

PARENTS
10 NAME OF FATHER E. J. Ragan
11 BIRTHPLACE OF FATHER (State or country) Tenn
12 MAIDEN NAME OF MOTHER Nancy J. Hoffmeyer
13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. J. Ragan
(Address) Clinton

15 Mrs. J. H. Clouston
FILED AUG. 24 1912 By J. H. Clouston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 24, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1912, to Aug 22, 1912,
that I last saw her alive on Aug 22, 1912,
and that death occurred, on the date stated above, at P. M.
The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. 2 ds. 27

Contributory (Secondary)
(Duration) yrs. mos. 2 ds. 27
(Signed) J. B. Stetson M. D.
Aug 24, 1912 (Address) Grenville

*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 Hazel Green DATE OF BURIAL Aug 25, 1912
20 UNDERTAKER J. H. Clouston ADDRESS Clinton

2. 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.