

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Hickman File No. 5
 Vet. Post Hartman Registration District No. 1139 Registered No. 12
 Inc. Town Primary Registration District No. 19
 City (No. St. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
 FULL NAME Dr. Jane Curdick

PERSONAL AND STATISTICAL PARTICULARS

2 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>Mr. 4, 1893</u> (Month) (Day) (Year)		
7 AGE <u>29</u> yrs. <u>7</u> mos. <u>3</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) <u>housewife</u>		
9 BIRTHPLACE (State or country) <u>Hickman Ky</u>		
10 NAME OF FATHER <u>William Carr</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Hickman Ky</u>		
12 MOTHER'S NAME OF MOTHER <u>Dr. Alice Moore</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Hickman Ky</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Claude Curdick
 (Address) Hartman Ky

15
 Filed 12 1922 Dan Napier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
June 7, 1922
(Day) (Month) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1921 to June 7, 1922 that I last saw her alive on May 23, 1922 and that death occurred on the date stated above at 42 years the CAUSE OF DEATH was as follows:
Tuberculosis

(Duration) yrs. 18 mos. ds.
 Contributory (SECONDARY) Dr. Fleming
 (Duration) yrs. mos. ds.
 (Signed) W. D. P. Harrison, M. D.
June 7, 1922 (Address) Central Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE OF (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?

Usual or former residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS