

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 FRAG OF DEATH

County FrankVot. Pat. 15-

Inc. Town.....

City.....

Registration District No. 1064Primary Registration District No. 6240

(No. St., Ward)

File No. 11153Registered No. 164-

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

3 FULL NAME Stella Curdoff

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Single  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Aug 7 1889  
(Month) (Day) (Year)7 AGE 76 yrs. 8 mos. 11 ds.  
IF LESS than 1 day.....hra. 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) Drakesboro KyPARENTS  
10 NAME OF FATHER John R Curdoff  
11 BIRTHPLACE OF FATHER (State or country) Drakesboro Ky  
12 MAIDEN NAME OF MOTHER Sallie Glenn  
13 BIRTHPLACE OF MOTHER (State or country) Drakesboro Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Prof. D Curdoff Uncle  
(Address) Drakesboro Ky15 Filed Apr 25, 1926 Vannie Thomas  
Registrar

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 18 1926  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to April 18, 1926, that I last saw her alive on April 18, 1926, and that death occurred on the date stated above at 9 P.M.The CAUSE OF DEATH\* was as follows:  
Had Epilepsy from birth  
went into coma and died  
in coma this is all I know  
(Duration) 27 yrs. mos. ds.Contributory (Secondary) Convulsions  
(Duration) 27 yrs. mos. ds.(Signed) J. D. Curdoff, M. D.  
April 19, 1926 (Address) Drakesboro 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 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.....

19 PLACE OF BURIAL OR REMOVAL Ebenezer Drakesboro Ky DATE OF BURIAL 4-19-192620 UNDERTAKER J. K. Kimmel ADDRESS Drakesboro

MAKING THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Do not use abbreviations or terms not generally understood. See instructions on back of certificate.