

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERSISTENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

FORM V 8 1908M 8-20-11

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

(P)

1 PLACE OF DEATH
County Jefferson

2 FULL NAME Nancy Curtis

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Jan 6, 1851

7 AGE 65 yrs. 5 mos. 26 ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenburg Co Ky

10 NAME OF FATHER Robt McClean

11 BIRTHPLACE OF FATHER (State or country) Pekin Co. Ky

12 MAIDEN NAME OF MOTHER Nancy Jones

13 BIRTHPLACE OF MOTHER (State or country) Pekin Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. C. M. Harrod
(Address) Louisville, Ky

15 Filed July 2, 1916

16 DATE OF DEATH July 1st 1916

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1916, to July 1, 1916, that I last saw him alive on July 1, 1916 and that death occurred on the date stated above at 1:30 p.m. The CAUSE OF DEATH was as follows:
Cardiac Asthma
(Duration) 7 ds.

Contributory (SECONDARY) (Duration) 7 yrs. 5 mos. 26 ds.

(Signed) J. S. Morrison by H. M. D.
July 1, 1916 (Address) Louisville

(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 7 yrs. 5 mos. 26 ds. In the State 7 yrs. 5 mos. 26 ds.

Where was disease contracted, if not at place of death? Former or usual residence as above

19 PLACE OF BURIAL OR REMOVAL Beaver Dam Ky DATE OF BURIAL July 2, 1916

20 UNDERTAKER John Mason & Bro Louisville

REGISTRAR

File No. 18055
Registered No. 2117

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
6 DATE OF BIRTH <u>Jan 6, 1851</u> (Month) (Day) (Year)		
7 AGE <u>65</u> yrs. <u>5</u> mos. <u>26</u> ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>housewife</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Muhlenburg Co Ky</u>		
10 NAME OF FATHER <u>Robt McClean</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Pekin Co. Ky</u>		
12 MAIDEN NAME OF MOTHER <u>Nancy Jones</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Pekin Co Ky</u>		

16 DATE OF DEATH <u>July 1st 1916</u> (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from <u>June 24, 1916</u> , to <u>July 1, 1916</u> , that I last saw him alive on <u>July 1, 1916</u> and that death occurred on the date stated above at <u>1:30 p.m.</u> The CAUSE OF DEATH was as follows: <u>Cardiac Asthma</u> (Duration) <u>7</u> ds.
Contributory (SECONDARY) (Duration) <u>7</u> yrs. <u>5</u> mos. <u>26</u> ds.
(Signed) <u>J. S. Morrison</u> by <u>H. M. D.</u> <u>July 1, 1916</u> (Address) <u>Louisville</u>
(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 <u>7</u> yrs. <u>5</u> mos. <u>26</u> ds. In the State <u>7</u> yrs. <u>5</u> mos. <u>26</u> ds.
Where was disease contracted, if not at place of death? Former or usual residence <u>as above</u>
19 PLACE OF BURIAL OR REMOVAL <u>Beaver Dam Ky</u> DATE OF BURIAL <u>July 2, 1916</u>
20 UNDERTAKER <u>John Mason & Bro Louisville</u>

C.P.C. / 5/2/16