

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

1 PLACE OF DEATH

County Muhlenberg Co

Vot. Pot. Nelson

Inc. Town

City

Registration District No. 213

Primary Registration District No. 2139

(No. St., Ward)

File No. 27601

Registered No.

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

2 FULL NAME Sarah K. Danks

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 24, 1840
(Month) (Day) (Year)

7 AGE 74 yrs. 8 mos. 4 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER Dr. R. W. McChesney

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Nancy Jones

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) R. H. Danks

(Address) Nelson Ky

15 Filed Oct 8, 1914 John T. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1914, to Oct 21, 1914, that I last saw her alive on Oct 21, 1914, and that death occurred on the date stated above at 2:45 p.m. The CAUSE OF DEATH* was as follows:

Cystitis

(Duration) 6 yrs. 6 mos. ds.

Contributory (SECONDARY) Kidney trouble
(Duration) 1 yrs. mos. ds.

(Signed) R. H. Danks, M. D.
Oct 28, 1914 (Address) Rushfork, 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 Jerome Burial DATE OF BURIAL Oct 28, 1914

20 UNDERTAKER J. C. Williams ADDRESS Rushfork

N. B.—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.