

1 PLACE OF DEATH

County

Vet. Pat.

Inc. Town

City

2

2 FULL NAME

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1093

Primary Registration District No. 2434

(No. St. Ward)

11154

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE white	5 Single Married Widowed or Divorced (Write the word) widowed
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6 DATE OF BIRTH Feb 14 1836 (Month) (Day) (Year)
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7 AGE 90 90 yrs. 2 mos. 15 ds.	IF LESS than 1 day day hrs. or min?
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8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer).

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

B. 2. (Address) Greenville 1/4 y

Filed 5/2/1902

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 29, 1926 (Month) (Day) (Year)
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17 HEREBY CERTIFY, That I attended deceased from Apr 26, 1926, to Apr 26, 1926, that I last saw h. alive on Apr 26, 1926, and that death occurred on the date stated above at H.P. The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory (Secondary) Fever

(Duration) yrs. mos. ds.

(Signed) C. S. Caswell, M. D.
Apr 29, 1926. (Address) Central City

*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 In the 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 Wilson B L	DATE OF BURIAL April 30, 1926
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20 UNDERTAKER M B McDonald	ADDRESS Greenville 1/4 y
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REPRODUCED FROM THE ORIGINAL RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information on this form 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. Every statement of OCCUPATION is very important. See instructions on back of certificate.