

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

PLACE OF DEATH
County Mulhearn
Vol. Fol. 15 6 Leaton Ky.
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

File No. 16801
Registered No. 2117
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Lucy Davis

PERSONAL AND STATISTICAL PARTICULARS

2 SEX <u>Female</u>	4 COLOR OR RACE <u>colored</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
6 DATE OF BIRTH <u>June 5, 1869</u> (Month) (Day) (Year)		
7 AGE <u>44</u> yrs. <u>4</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>House wife</u>		
9 BIRTHPLACE (state or country) <u>Paradise, Ky.</u>		
PARENTS	10 NAME OF FATHER <u>Mose Deering</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Paradise Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Lucy Deering</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Paradise, Ky.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bill Davis
(Address) Leaton Ky.

15 Filed June 5, 1913 W.H. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
June 2, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from May 30, 1913, to June 1, 1913, that I last saw her alive on June 2, 1913, and that death occurred, on the date stated above, at 3 P.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Patient dropped dead
(Duration) yrs. mos. ds.
Contributory Heart failure
(SECONDARY) (Duration) yrs. mos. ds.
(Signed) N.H. Wilson, M.D.
June 2, 1913 (Address) Leaton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death 44 yrs. 4 mos. 3 ds. In the State 2 yrs. 0 mos. 0 ds.
Where was disease contracted, if not at place of death?
Former or usual residence Leaton Ky.

19 PLACE OF BURIAL OR REMOVAL
Company Burial

DATE OF BURIAL
June 3, 1913

20 UNDERTAKER
J.E. George

ADDRESS
Greenville

Write plainly, with unobscured ink - this is a permanent record. Every item of information should be carefully supplied. AGE should be stated FULLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNOBSERVED INK - THIS IS A PERMANENT RECORD