

CERTIFICATE OF DEATH

5873

PLACE OF DEATH

County MuhlenbergVol. No. 1000

Inc. Town

City

Registration District No. 7128

Primary Registration Dist. No.

File No.

Registered No.

FULL NAME Jennie Beardmore

[If death occurred in a hospital or institution, give its name instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>F</u>	2 COLOR OR RACE <u>W</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u> (Write the word)
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4 DATE OF BIRTH Nov 13, 1858
(Month) (Day) (Year)

7 AGE 58 yrs. 3 mos. 15 ds.
If LESS than 1 day.... hrs. or.... min.?

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) Logan Co.

PARENTS

10 NAME OF FATHER Wm. A. Lewis

11 BIRTHPLACE OF FATHER (State or country) Iowa

12 MAIDEN NAME OF MOTHER Jennie Lewis

13 BIRTHPLACE OF MOTHER (State or country) Logan

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 2/28, 1916 M. E. Bewley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 29, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1916, to Feb 27, 1916 that I last saw him alive on Feb 27, 1916, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, Tuberculosis
(Duration) ? yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) C. H. Haberler, M. D.
228, 1916 (Address) Sumner Ky

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

(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 Beardmore DATE OF BURIAL Feb 25, 1916

20 UNDERTAKER Huller Tector ADDRESS Sumner

WRITE PLAINLY, WITH CARE AND PRECISION. THIS IS A PERMANENT RECORD. THE REGISTRAR SHOULD BE SURE THAT THE INFORMATION IS CORRECTLY SUPPLIED. AGE SHOULD BE CHECKED CAREFULLY. PHOTOGRAPHS SHOULD BE TAKEN OF INFANTS IN plain dress, so that it may be properly identified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.