

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1991

1 PLACE OF DEATH
County Muhlenberg
City Franklin
In. Town
City (No. St. Ward)

File No.
Registered No. 25
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District No. 7040
Primary Registration District No.

2 FULL NAME Mary Jane Dearmond

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE White
5 Single Married Widowed or Divorced (Write the status) Married
6 DATE OF BIRTH 3 1 1921
(Month) (Day) (Year)
7 AGE 74 yrs. 11 mos. 10 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)

18 DATE OF DEATH 1 15 1921
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 1/15/21 1921 to 1/16/21 1921 that I last saw alive on 1/10/21 1921 and that death occurred on the date stated above at 11:30 AM.
The CAUSE OF DEATH* was as follows:
Natural Degeneration
(Duration) 10 yrs. mos. ds.

9 BIRTHPLACE (State or country) Mo.
10 NAME OF FATHER James Stanley
11 BIRTHPLACE OF FATHER (State or country) Mo.
12 MAIDEN NAME OF MOTHER Polite Williams
13 BIRTHPLACE OF MOTHER (State or country) Mo.

Contributory (Secondary)

(Signed) J. C. Cooper, M. D.
1114, 1921. (Address) Franklin, Mo.
*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)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Dearmond
(Address) Franklin, Mo.

at place In the
of death yrs. mos. ds. State yrs. mos. d.
Where was disease contracted,

15 Jan 11 1921 J. C. Cooper
Registrar

19 PLACE OF BURIAL OR REMOVAL Osley & DATE OF BURIAL 1/11 1921
20 UNDETAILED ADDRESS Franklin, Mo.

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