

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Mulheberg

Loc. Post. Boggs Cemetery 13

Ino. Town Greenville Ky.

City Greenville Ky. (No. 871-2436)

FULL NAME Mrs. Henrietta Dickers

File No. 23292

Registered No. 86

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Colored SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

DATE OF BIRTH August 12, 1888  
(Month) (Day) (Year)

AGE 23 yrs. 1 mos. 11 ds. If LESS than 1 day... hrs., or... min.?

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

BIRTHPLACE (State or country) Greenville Ky.

10 NAME OF FATHER Frank Vaughn

11 BIRTHPLACE OF FATHER (State or country) Hartford Ky.

12 MAIDEN NAME OF MOTHER Marya Vaughn

13 BIRTHPLACE OF MOTHER (State or country) Calhoun Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Marya A. Vaughn  
(Address) Greenville

15 Filed Sept 24 1912 W. H. Prudden  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 23, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1912, to Sept 23, 1912, that I last saw her alive on Sept 20, 1912, and that death occurred, on the date stated above, at 12 p.m.

The CAUSE OF DEATH\* was as follows:  
Intestinal Tuberculosis

Contributory (Duration) 2 yrs. 4 mos. ds.  
(Secondary) Child birth during the disease (Duration) 0 yrs. 9 mos. ds.

(Signed) Dr. W. H. Wilson, M. D.  
Sept 24 1912 (Address) Greenville 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) In the State of death 0 yrs. 9 mos. ds.  
Where was disease contracted, Greenville  
If not at place of death?  
Former or usual residence Drakesboro, Ky.

19 PLACE OF BURIAL OR REMOVAL Greenville DATE OF BURIAL Sept 24 1912

20 UNDERTAKER J. E. George ADDRESS Greenville

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

N. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. 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.