

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

1 PLACE OF DEATH

County Muhlenberg

File No.

Vot. Pct. Rosewood

Registration District No. 1093 109

Registered No.

Inc. Town..... Primary Registration District No. XXX

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

City..... (No. St. Ward)

2 FULL NAME Ladie Pearl Dickerson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 Single married
Married widowed
Widowed
Or Divorced
(Write the word)

16 DATE OF DEATH Aug 12, 1923
(Month) (Day) (Year)

6 DATE OF BIRTH May 1885
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1923, to Aug 11, 1923, that I last saw her alive on Aug 11, 1923, and that death occurred on the date stated above at 3 P.M.

7 AGE 38 yrs..... mos..... ds.
IF LESS than 1 day..... hrs. or..... min?

The CAUSE OF DEATH* was as follows:
Tetanus
(Duration) yrs..... mos..... 6 ds.

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

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.

PARENTS

10 NAME OF FATHER Eli Thomas Dickerson

11 BIRTHPLACE OF FATHER (State or country) Muh. Co. Ky.

12 MAIDEN NAME OF MOTHER Harriet Hanson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

(Signed) L. D. Dickerson M. D.
5-18, 1923 (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 Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. L. Dickerson
(Address) Greenville Ky 94

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

15 Filed 8/12/23 E. Wickelpe Registrar
md

19 PLACE OF BURIAL OR REMOVAL Macedonia Ky DATE OF BURIAL Aug 12, 1923

20 UNDERTAKER McDonald ADDRESS Greenville

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. Fact statement of OCCUPATION is very important. See instructions on back of certificate.