

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. South Central City
Inc. Town _____
City (Central City) (No. _____) (St. _____) Ward _____
2 FULL NAME Nannie J. Doss

870
7140-2

File No. 2545
Registered No. 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married
6 DATE OF BIRTH July 12, 1865
(Month) (Day) (Year)
7 AGE 48 yrs. 6 mos. 7 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

PARENTS
10 NAME OF FATHER Jamie Rose
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Dorcas Jones
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sale Doss
(Address) Central City Ky

15 Filed Jan. 19, 1913 D. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 19, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1912, to Jan 19, 1913, that I last saw her alive on Jan 17, 1913, and that death occurred, on the date stated above, at 9 45 a.m.

The CAUSE OF DEATH* was as follows:
Tuberculosis
(Duration) 2 yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. M. Ferguson M. D.
Jan 29, 1913 (Address) Central City Ky

*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)
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 Shelf graveyard DATE OF BURIAL Jan 20, 1913
20 UNDERTAKER Martin Moore ADDRESS Central City Ky

2. Every item of information should be carefully supplied. AGE should be stated in FULLY. PHYSICIANS should state CAUSE OF DEATH in plain talk, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.