

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

1 PLACE OF DEATH

County *Martin*Vet. Pot. *Cash Register* Registration District No. *871*Ino. Town Primary Registration District No. *743*City *Brewville* (No. St. Ward)1 FULL NAME *Cornelia Cordine Drake*File No. *2552*Registered No. *2*

(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 *Married*
(Write the word)6 DATE OF BIRTH *November 7, 1859*
(Month) (Day) (Year)7 AGE *53 yrs. 2 mos. 1 da.* 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) *Elkton, Ky.*10 NAME OF FATHER *James Sullivan*11 BIRTHPLACE OF FATHER (State or country) *Todd Co. Ky.*12 MAIDEN NAME OF MOTHER *Mary Beatty*13 BIRTHPLACE OF MOTHER (State or country) *Tennessee*14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *J. F. Drake*(Address) *Brewville, Ky.*15 Filed *Jan 9, 1913* *J. H. Hamilton* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *January 8, 1913*
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from *Dec. 19, 1912*, to *Jan 8, 1913*, that I last saw h... alive on *Jan 7, 1913*, and that death occurred on the date stated above at *5:30 p.m.* The CAUSE OF DEATH* was as follows:*Angels disease*

..... (Duration) yrs. mos. da.

Contributory (SECONDARY)

..... (Duration) yrs. mos. da.

(Signed) *L. P. Brown* M. D.
Jan 9, 1913 (Address) *Brewville, 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. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Evangelical Cemetery* DATE OF BURIAL *11.10, 1913*20 UNDERTAKER *Oren L. Roark* ADDRESS *Brewville, Ky.*

WRITE PLAINLY, WITH CAREFUL PEN-TING IS A PERMANENT RECORD

B. B.-Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be readily understood. Short statement of OCCUPATION is very important. See instructions on back of certificate.

NAME RESERVED FOR INDEX