

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

PLACE OF DEATH

County *Muhlenberg*

Vet. Post *House*

Inc. Town

City

Registration District No. *877*

Primary Registration District No. *4130*

(No. *1* St., *1* Ward)

File No. *3874*

Registered No.

(If death occurred in a hospital or institution give its name and street and number.)

FULL NAME *Mrs. Lula Drake*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Write the word)

DATE OF BIRTH *Jan 31, 1879*
(Month) (Day) (Year)

AGE *37* yrs. *7* mos. *7* ds. IF LESS than 1 day ... hrs. or ... min.?

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

BIRTHPLACE (State or country) *Muhlenberg County Ky*

10 NAME OF FATHER *Alney McLean Wells*

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

12 MAIDEN NAME OF MOTHER *Better Jones*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co. Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Shelby Gary*

(Address) *Greenville Ky*

Filed *7/4/16* *C. B. Maxwell*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 7, 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *2 P.M.* *6* *1915*, to *Feb 6* *1916*, that I last saw him alive on *Feb 6* *1916*, and that death occurred on the date stated above at *8 A.M.* The CAUSE OF DEATH was as follows:

Typhoid Fever
(Duration) *2* yrs. *2* mos. *0* ds.

Contributory (SECONDARY) *Arteriosclerosis*
(Duration) *3* yrs. *0* mos. *0* ds.

(Signed) *Henry J. Slaton*, M. D.
Feb 7, 1916 (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.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death *0* yrs. *0* mos. *0* ds. State *0* yrs. *0* mos. *0* ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Wells B. G.* DATE OF BURIAL *Feb 8, 1916*

20 UNDERTAKER *McDonald & Jewitt* ADDRESS *Greenville Ky*

MAKING KEPT FOR RECORD

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. All entries should be checked EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly coded. Most statement of OCCUPATION is very important. See instructions on back of certificate.