Form V. S. 1—125m—4-19-19

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

File No. 125800

Registered No. 64

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Midland 24

Registration District No. 1086

Inc. Town

Primary Registration District No. 6415

City (No. St., Ward)

2 FULL NAME Tabitha Drake

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 23 1850 (Month) (Day) (Year)

7 AGE 74 yrs. 4 mos. 2 ds.

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) Ky

PARENTS

10 NAME OF FATHER Sam Hoffsinger

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Mary J. Yontz

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. B. Tucker

(Address) Bremen Ky

15 Filed Dec 8, 1924 C R Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 24, 1924 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1924, to Nov 21, 1924, that I last saw her alive on Nov 21, 1924, and that death occurred on the date stated above at — m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 10 yrs. — mos. — ds.

Contributory (Secondary)

(Duration) ...... yrs. ...... mos. ...... ds.

(Signed) C R Robertson, M. D.

11-25, 1924 (Address) Bremen 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 Cedar Grove

DATE OF BURIAL 11-25, 1924

20 UNDERTAKER J. B. Tucker

ADDRESS Bremen Ky

11—3184

MARGIN RESERVED FOR BINDING

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