

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

31014

1 PLACE OF DEATH

County MuhlenbergVol. Pat. Count State

Inc. Town.....

City.....

2 FULL NAME

Julia DukerRegistration District No. 871Primary Registration District No. 120

(No. St., Ward)

File No.

Registered No.

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

DELAY

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH 1
 (Month) (Day) (Year)

7 AGE About 60 yrs. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (State or country) .. .

12 MAIDEN NAME OF MOTHER .. .

13 BIRTHPLACE OF MOTHER (State or country) .. .

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elmer Duker(Address) Greenville Ky

15 Filed April 1916 CPB Mackey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 17, 1916
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1916, to Oct 18, 1916; that I last saw her alive on Oct 5, 1916; and that death occurred on the date stated above at 11 P.m. The CAUSE OF DEATH* was as follows:

Dropsy Chronic Nephritis
 (Duration) yrs. mos. ds.

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

(Signed) J. A. Grace, M. D.
Nov. 12, 1916 (Address) Greenville Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES such (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 Crocker Creek Co DATE OF BURIAL Oct. 19, 1916

20 UNDERTAKER McDonald & Sellwith ADDRESS Greenville Ky

WRITE PLAINLY WITH SHARPING INK--THIS IS A PAPER-TYPE WRITER

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

REMARKS RESERVED FOR RELATIONS