

## Commonwealth of Kentucky

STATE BOARD OF HEALTH.

1 PLACE OF DEATH  
County Muhlenberg BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHVol. West. C. Haverth Registration District No. 871File No. 23980Inc. Town..... Primary Registration Dist. No. 7.131Registered No. 84

City..... (No..... St.)..... Ward)

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

2 FULL NAME Mary Ethel Dukes

## PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE 5 yrs. mos. ds. If LESS than 1 day..... hrs. or..... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky10 NAME OF FATHER Henry Dukes11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky12 MAIDEN NAME OF MOTHER Lizzie Jameson13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Dukes(Address) West. C. Haverth15 Sept 27, 1912 J. D. Graulhaus REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DELAY

16 DATE OF DEATH Sept 30, 1912 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1912, to Sept 30, 1912,that I last saw her..... alive on Sept 30, 1912, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH\* was as follows:

Loosened Bowels

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

Contributory Malaria (Secondary)..... (Duration)..... yrs. mos. ds.(Signed) F. E. Grace, M. D. Oct 3, 1912. (Address) Halys Mill, 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 Cherry Grove DATE OF BURIAL Oct 1, 191220 UNDERTAKER M. B. McDonald ADDRESS Greenville Ky

WRITE PLAINLY, WITH CAREFUL ONE-TWO IS A PERMANENT NUMBER. 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.

Ky