

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County *Mulhensberg #1*
Vol. Pat. *10-11-11*
Inc. Town _____
City _____ (No. _____ St.; _____ Ward)
2 FULL NAME *Lillian Duncan*

Reg Dist 7136

File No. **16814**

Registered No. *45-*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *June 20, 1913*
(Month) (Day) (Year)

6 DATE OF BIRTH *May 5, 1886*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *March, 1913*, to *June 20, 1913*, that I last saw her alive on *June, 1913*, and that death occurred, on the date stated above, at *9:15 a.m.*
The CAUSE OF DEATH* was as follows:

7 AGE *27* yrs. *1* mos. *5* ds. If LESS than 1 day... hrs. or... min.?

General Tuberculosis
(Duration) _____ yrs. _____ mos. _____ ds.

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

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) *William H. Wilson, M. D.*
June 2, 1913 (Address) *Cleaton Ky.*

9 BIRTHPLACE (State or country) *Ohio County, Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

10 NAME OF FATHER *Orewit Johnson*

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

12 MAIDEN NAME OF MOTHER *Martha Antony*

13 BIRTHPLACE OF MOTHER (State or country) *Mulhensberg Co*

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death *2* yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? *at present residence*
Former or usual residence *Cleaton Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Nelson Duncan*
(Address) *Mercer Ky.*

19 PLACE OF BURIAL OR REMOVAL *Cleaton Ky.* DATE OF BURIAL *June 21, 1913*

15 (Address) *Mercer Ky.*

16 *Mrs. W. M. Austin*
REGISTERAR

UNDERTAKER *James O. George Sumville*

E. S. - Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Extra statement of OCCUPATION is very important. See instructions on back of certificate.