FORM V S 1-500M. 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vet. Pct. Grohamby

Inc. Town

City

Registration District No. 7140

Primary Registration District No.

(No. St., Ward)

File No. 9093

Registered No. 12

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

2 FULL NAME Ella Russell

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: Do not know (Month) (Day) (Year)

7 AGE: About 40 yrs. mos. 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: Geo Oliver

11 BIRTHPLACE OF FATHER (State or country): Ky

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lemon Oliver

(Address) Graham Ky

15 Filed 3/29, 1917 J C Kennedy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 28, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1917, to March 28, 1917, that I last saw her alive on March 24, 1917, and that death occurred on the date stated above at [illegible] m. The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. S. Hurralson, M. D.

March 29, 1917 (Address) Grohamby

*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: Red Bridge

DATE OF BURIAL: 3/29, 1917

20 UNDERTAKER: Shannon [illegible]

ADDRESS

11—3184

WHITE PAPER [illegible] DEATH [illegible] AT A PLACE [illegible] FOR REMOVAL

E. E.—Every item of information should be carefully [illegible] CAUSE OF DEATH in plain terms, as [illegible] property [illegible] Exact statement of OCCUPATION is very important. See instructions on back of certificate.