

27617

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Muhlenberg

Vot. Pot. 32

Registration District No. 1089

Ino. Town Barrenville

Primary Registration District No. 6822

City (No. St., (Word)

File No.

Registered No. 76

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

1 FULL NAME Flora Elmore (Stillborn)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Sept 8 1925
(Month) (Day) (Year)

6 DATE OF BIRTH Sept 8 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from, 191...., to, 191....,

7 AGE (Stillborn)
IF LESS than 1 day ... hrs. or min.?

that I last saw him alive on, 191...., and the death occurred on the date stated above

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

The CAUSE OF DEATH* was as follows: Not known

9 BIRTHPLACE (State or country) Browder Ky

(Duration) yrs. mos. ds.

10 NAME OF FATHER Alfred Elmore

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

11 BIRTHPLACE OF FATHER (State or country) Ohio Co Ky

(Signed) H. D. Neuman, M. D.
Sept 8, 1925 (Address) Drakesboro Ky

12 MAIDEN NAME OF MOTHER Emma Miller

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

13 BIRTHPLACE OF MOTHER (State or country) Ohio Co Ky

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alfred Elmore
(Address) Browder Ky

Where was disease contracted, if not at place of death? Former or usual residence

15 J. H. Kimmel

19 PLACE OF BURIAL OR REMOVAL Road DATE OF BURIAL 9-8 1925

REGISTRAR

20 UNDERTAKER J. H. Kimmel ADDRESS Drakesboro Ky

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.