

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

1 PLACE OF DEATH

County Muhlenburg

Vot. Prec. So. Carrollton

Ino. Town

City

Registration District No. 7121

Primary Registration District No.

(No.) St., Ward)

2 FULL NAME Joda Emrey

File No. 11-453

Registered No. 1/2

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Mar 25, 1884
(Month) (Day) (Year)

7 AGE 31 yrs. 27 mos. 27 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) Butler

PARENTS 10 NAME OF FATHER Mrs Emrey 11 BIRTHPLACE OF FATHER (State or country) Butler 12 MAIDEN NAME OF MOTHER Mrs E. Daubert 13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Emrey (Address) 21 Mooreman Ave. 14

15 Filed May 10, 1915 W. H. H. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 21, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 21, 1915, to Apr 21, 1915, that I last saw her alive on Apr 21, 1915, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH was as follows:

Pneumonia of both lungs
(3) (Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds. (Signed) J. R. Barnes, M. D. Apr 22, 1915 (Address) So. Carrollton

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 New Hope DATE OF BURIAL Apr 22, 1915 20 UNDERTAKER ADDRESS

J. L. Bennett, Sec

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERM. RECORD. 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. MARGIN RESERVED FOR ENDING