

COMMONWEALTH OF KENTUCKY
State and Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28345

1 PLACE OF DEATH

County MuhlenbergVet. Pat. North BoggsRegistration District No. 1093Inc. Town LucernaPrimary Registration District No. 6534City Lucerna(No. St. Ward)2 FULL NAME Mabel Hall EmburkeFile No. Registered No.

(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
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH 1907
(Month) (Day) (Year)

7 AGE 15 yrs. mos. ds.
IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Muhlenberg Ky.

10 NAME OF FATHER Will Hall

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Ky.

12 MAIDEN NAME OF MOTHER Anna McLeavelle

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Emburke(Address) Lucerna Ky.

15 Filled 12/11/22 1922 by O. B. Beckwith Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 9 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 1922, to , 1922, that I last saw h..... alive on , 1922, and that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:
Instantly Killed by Train in Automobile
(Duration) yrs. mos. ds.

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

(Signed) G. B. Young Coroner
Dec 9, 1922 (Address) Lucerna 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 In the
of death yrs. mos. ds. State yrs. mos. d.
Where was disease contracted,

If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Debo B. L. DATE OF BURIAL Dec 11, 1922

20 UNDERTAKER McDonald Will ADDRESS Lucerna 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 language, so that it may be properly classified. It is a statement of OCCUPATION is very important. See instructions on back of certificate.