

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

1 PLACE OF DEATH
County Mushlenburg
Vol. Pat. Rosewood
Inc. Town Country
City (No. St. Ward)

9129

File No. 11023

Registered No. 7129

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

3 FULL NAME Marie Smith

PERSONAL AND STATISTICAL PARTICULARS

4 SEX <u>female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>Apr 4 13, 1890</u> (Month) (Day) (Year)		
7 AGE <u>42</u> yrs. mos. ds. If LESS than 1 day hrs. or min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>house keeping</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>employee</u>		
9 BIRTHPLACE (state or country) <u>Mushlenburg Co Ky</u>		
PARENTS	10 NAME OF FATHER <u>John Francis</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>North Carolina</u>	
	12 MAIDEN NAME OF MOTHER <u>Ford</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>North Carolina</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

15 Filed Apr 14, 1912 H. WESLEY WILLIAMS
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April the 13th, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1912, to Nov 31, 1912, that I last saw her alive on Nov 18th, 1912, and that death occurred, on the date stated above, at 11^{1/2} m.

The CAUSE OF DEATH* was as follows:
she had been troubled with Rheumatism I sup. had it went to her heart
(Duration) in 20 min.

Contributory Heart Failure
(Duration) four minutes
(Signed) J. H. Smith, M. D.
191 (Address) _____

*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 Rosewood Ky DATE OF BURIAL 4/17, 1912
20 UNDERTAKER D. Rector ADDRESS Sumner

2. 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.