

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **20892**
Registered No. **7**

1 PLACE OF DEATH
County **Muhlenberg**
Vet. Pct. **Millport**
Inc. Town.....
City.....

Registration District No. **1086**
Primary Registration District No. **6815-**

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

(No. **St** Ward)
2 FULL NAME **Miss Sinaud Parker**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 Single **Single**
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH **Mar 10 1903**
(Month) (Day) (Year)

7 AGE **24** yrs. **1** mos. **25** 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 Co. Ky.**

10 NAME OF FATHER **A. J. Parker**

11 BIRTHPLACE OF FATHER (State or country) **Butler Co. Ky.**

12 MAIDEN NAME OF MOTHER **Lena Duke**

13 BIRTHPLACE OF MOTHER (State or country) **Butler Co. Ky.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **A. J. Parker**
(Address) **Millport**

15 Filed **Feb. 10, 1928** **L. M. Robertson**
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Dec 5 1928**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Dec 27, 1927**, to **Jan 5, 1928**, that I last saw her alive on **Jan 14, 1928**, and that death occurred on the date stated above at **2 P. M.**

The CAUSE OF DEATH* was as follows:

Pertinoid

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

(Signed) **W. A. Moore**, M. D.
Jan 5, 1928 (Address) **Sacramento**

*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 **Old Salem** DATE OF BURIAL **Jan 6, 1928**

23 UNDERTAKER **J. B. Puckett** ADDRESS **Buenavista**

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.