Form V. S. 1—Sm—1-1-28

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

File No. 2333

Registered No.

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

1 PLACE OF DEATH

County Muhlenberg Co

Vet. Pl. Weir C Hos

Registration District No. 1643

Inc. Town —

Primary Registration District No. 6496

City — (No. St., Ward)

2 FULL NAME Anny Lurena Faughender

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: Jan. (Month) 20 (Day) 1848 (Year)

7 AGE: 79 yrs. 11 mos. 24 ds. IF LESS than 1 day ____ hrs. or ____ min?

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

9 BIRTHPLACE (State or country): Muhlenburg Co

PARENTS

10 NAME OF FATHER: Moses Rice

11 BIRTHPLACE OF FATHER (State or country): Muhlenburg Co

12 MAIDEN NAME OF MOTHER: Amanda Drake

13 BIRTHPLACE OF MOTHER (State or country): Muhlenburg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E B Gant md
(Address) Greenville Ky

15 Filed 1/27/28, 192 C. B. Wickliffe, Registrar
By M. Wells.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 26 (Day), 1928 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1928, to Jan 26, 1928, that I last saw h alive on Jan 26, 1928, and that death occurred on the date stated above at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 10 yrs. — mos. — ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) E B Gant M D, M. D.

Jan 26, 1928 (Address) Greenville 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 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	DATE OF BURIAL
Rice Grave Yard	Jany. 27, 1928

20 UNDERTAKER: Oren L. Roark ADDRESS: Greenville, Ky.

11—3184

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.

MARGIN RESERVED FOR BINDING