

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin

Vot. Precinct

Registration District No. 1087File No. 20922Registered No. 56Inc. Town Central CityPrimary Registration District No. 2435

City

(No. _____ St., _____ Ward)

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

2 FULL NAME Lo Jean M. Sanders

(a) Residence. No. _____ St., _____ Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married
Married Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH Sept 26 1856
(Month) (Day) (Year)7 AGE 71 yrs. 8 mos. 19 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work Farmer
(b) General nature of industry,
business or establishment in
which employed (or employer) Local Farmer9 BIRTHPLACE (city or town)
(State or country) KentuckyPARENTS
10 NAME OF FATHER John Sanders
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Kentucky
12 MAIDEN NAME OF MOTHER Feliza Kettinger
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Kentucky14 (Informant) Lo Jean M. Sanders
(Address) Central City Ky.15 Filed 6-16-1928 A. D. Chandler
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 15 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from June 3, 1928, to June 15, 1928
that I last saw him alive on June 15, 1928
and that death occurred on the date stated above at 9:15 p.m.
The CAUSE OF DEATH* was as follows:Cancer of Stomach (3)
(Tumor of Stomach)
(Duration) _____ yrs. 4 mos. _____ ds.Contributory _____
(Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Sign.) Charles H. Hurlburt, M. D.
June 15 1928 (Address) Central City Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Lawson Cemetery DATE OF BURIAL 6/16/28
20 UNDERTAKER E. J. Anderson ADDRESS Central City 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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A1