

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

1 PLACE OF DEATH

County *Muhlenberg*Vol. *#5*Registration District No. *872*File No. *20720*Inc. Town. *Drakesboro*Primary Registration District No. *7125*Registered No. *21*

City (No.)

St. Ward

2 FULL NAME

Hannah Belle Finch

[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 *negro*5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *married*6 DATE OF BIRTH *Nov 29, 1950*
(Month) (Day) (Year)7 AGE *36* yrs. *7* mos. *27* ds.
IF LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. *At home*
(b) General nature of industry, business or establishment in which employed (or employer) *(housekeeper)*9 BIRTHPLACE (State or country) *Logan Co., Ky*10 NAME OF FATHER *Criss Woods*11 BIRTHPLACE OF FATHER (State or country) *Ky*12 MAIDEN NAME OF MOTHER *Charlotte Carnel*13 BIRTHPLACE OF MOTHER (State or country) *Ky*14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(informant) *Josh B. Finch*(Address) *Drakesboro Ky*15 Filed *8/4* 1917 *J. H. Kincaid*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 26, 1917*
(Month) (Day) (Year)17 I HEREBY CERTIFY that I attended deceased from *June 1*, 1917, to *July 26*, 1917, that I last saw her alive on *July 25*, 1917, and that death occurred on the date stated above at *6: a.m.* The CAUSE OF DEATH* was as follows:*Tuberculosis of Lungs*
(Duration) *7* yrs. *7* mos. *7* ds.Contributory (SECONDARY) (Duration) *7* yrs. *7* mos. *7* ds.(Signed) *N. D. Newman*, M. D.
July 26, 1917 (Address) *Drakesboro, Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state 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 *7* yrs. *7* mos. *7* ds. State *7* yrs. *7* mos. *7* ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Smith's Cemetery* DATE OF BURIAL *July 27, 1917*
*Drakesboro Ky*20 UNDERTAKER *Ch. Bridges & Co* ADDRESS *Drakesboro, 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. PHYSICIAN 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.