

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

20704

1 PLACE OF DEATH

County Muhlenburg

Vol. No. 5 Registrar's District No. 7121

Inc. Town St. Louis Primary Registration District No.

City St. Louis (No.) St. Ward) (If death occurred in a hospital or institution, give the name, number of street and number.)

2 FULL NAME Lou Rengia Falke

File No. 4

Registered No. 5

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE Black
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

6 DATE OF BIRTH 1
(Month) (Day) (Year)

7 AGE yrs. mos. ds.
IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business or establishment in which employed (or employer) woman

9 BIRTHPLACE (State or country) Logan Co. Ky.

10 NAME OF FATHER John Kenley

11 BIRTHPLACE OF FATHER (State or country) don't know

12 MAIDEN NAME OF MOTHER Rebel Bible

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oliver Kenley
(Address) St. Carrollton

15 July 1, 1917 A. C. Hocka Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 1st 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1917, to June 30, 1917, that I last saw her alive on June 30, 1917, and that death occurred on the date stated above at 2 A.M. The CAUSE OF DEATH* was as follows:
Cancer of Uterus

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) J. R. Barnan, M. D.
July 7, 1917 (Address) St. Carrollton

*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. State yrs. mos. ds.
In the

Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF FUNERAL OR REMOVAL South Carrollton DATE OF BURIAL July 1, 1917

20 UNDERTAKER Ed George ADDRESS Brennigan

WRITE PLAINLY. WRITE UNFADING INK.—THIS IS ALPHEA BERRY'S REGISTER.

Alphea Berry form of information should be carefully completed. All deaths should be reported EXACTLY. INFORMATION should only be given in plain terms, so that it may be properly understood. All instructions on back of certificate are very important. See instructions on back of certificate.