

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

13822

## PLACE OF DEATH

County BoydVol. No. # 3Loc. Town Crested City

City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 970Primary Registration Dist. No. 2435

File No. \_\_\_\_\_

Registered No. 35

If death occurred in a hospital or institution give its name and location (if street and number)

FULL NAME Elizabeth Ford

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

DATE OF BIRTH September 3 1892 May 26th 1916  
(Month) (Day) (Year)

AGE 21 yrs. 8 mos. 26 ds. 1 day... hrs. or... min.?

OCCUPATION  
(a) Trade, profession, or business line of work Retail Groceries  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) North Carolina

10 NAME OF FATHER Mr. Filmond

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Miss E. Gordon

13 BIRTHPLACE OF MOTHER (State or country) North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie Ford  
(Address) Brunson, Ky.

15 Filed May 29, 1916 C. L. F. Boardman  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 29th, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2:6th, 1916, to May 29, 1916, that I last saw her, alive on May 28, 1916, and that death occurred, on the date stated above, at 2:30 a.m.  
The CAUSE OF DEATH\* was as follows:

Voluntarily insufficiency of Heart

(Duration) 2 mos. 0 ds.  
Contributory Advances of age

(Signed) J. T. Taylor, M. D.  
May 29, 1916 (Address) Cashport, Ky.

\*STATE THE DISEASE CAUSING DEATH, or its death from VIOLENCE (HOMICIDE, SUICIDE, (1) MURDER OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL)

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Sharon Cemetery, near Brunson, Ky. DATE OF BURIAL May 30, 1916

UNDERTAKER Jessie Tucker ADDRESS Brunson, Ky.

WRITE PLACE OF DEATH IN FULL WITH COUNTY NAME-TOWN IN PLACE OF CITY

Be sure that all information should be correctly reported. All should be checked carefully. Practitioners should take charge of entries in plain language, so that they may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.