

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

## PLACE OF DEATH

County MuhlenbergVol. No. Early Summer

Loc. Town .....

City .....

Registration District No. 2124

Primary Registration Dist. No. ....

File No. 29665Registered No. 2FULL NAME Ellen Ford

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
DATE OF BIRTH <u>November, 5, 1914</u> (Month) (Day) (Year)		
AGE <u>20</u> yrs. <u>4</u> mos. <u>4</u> ds.		IF LESS than 1 day... hrs. or... min.?
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Housewife</u>		

BIRTHPLACE (State or country) Kentucky

PARENTS	10 NAME OF FATHER <u>O. B. McCullley</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Anna Spink</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co Ky</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) O. B. McCullley

(Address) .....

Filed ....., 1914

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
November 5, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 28, 1914, to Nov 5, 1914, that I last saw her alive on Nov 5, 1914, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH\* was as follows:

Asphyxia

(Duration) ... yrs. ... mo. ... 3 ds.

Contributory Septicemia  
(SECONDARY)  
(Duration) ... yrs. ... mo. ... 14 ds.

(Signed) W. A. Moore, M. D.  
Nov. 6, 1914 (Address) Sacramento 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. ... mo. ... ds. In the State ... yrs. ... mo. ... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence .....

PLACE OF BURIAL OR REMOVAL  
Brier creekDATE OF BURIAL  
Nov. 6, 1914UNDERTAKER  
John HolmesADDRESS  
Millersport

WRITE PLAINLY, WITH CAREFUL MEASUREMENTS IN A SYSTEMATIC MANNER

11. 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.