FORM V. S. 1-900M

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Summerset #1 Registration District No. 7134

Inc. Town ..... Primary Registration District No. .....

City ..... (No. ..... St., ..... Ward)

File No. .....

Registered No. 3404

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Nancy Ford

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: About 1860 (Month) (Day), 1 (Year)

7 AGE: 57 yrs. ..... mos. ..... ds.

IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Muhlenberg Co Ky

PARENTS

10 NAME OF FATHER: Phillip Phillips

11 BIRTHPLACE OF FATHER (State or country): Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER: Polly Whitmer

13 BIRTHPLACE OF MOTHER (State or country): Marshall Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. P. Ford

(Address) Brenton Ky

15 Filed 11/29/1917 S. A. Stewart REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 29 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1917, to Nov, 1917, that I last saw h... alive on Nov 25, 1917, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH* was as follows:

Nephritis

Chronic Interstitial

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Woodburn, M. D.

....., 191... (Address) Midland 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. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Briercreek cemetery

DATE OF BURIAL: 11/30/, 1917

20 UNDERTAKER: Ben Slaton

ADDRESS: Madisonville Ky

11—3164

Apr 24621 12-31-62

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.