FORM V. S. 1-100M-4-40-H.

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

1 PLACE OF DEATH
County Muhlenburg
Vet. Pet. .....
Inc. Town Sw-Carrollton
City ..... (No. ..... St.; ..... Ward)

Registration District No. 7121
Primary Registration Dist. No. .....

File No. 19268
Registered No. .....
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Margret Louise France

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Infant
6 DATE OF BIRTH: 6 (Month) — 10 (Day), 1914 (Year)
7 AGE: ..... yrs. 1 mos. 4 ds.
If LESS than 1 day ....hrs, or ....min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....
9 BIRTHPLACE (State or country): Mo Lean Co

PARENTS
10 NAME OF FATHER: Sam France
11 BIRTHPLACE OF FATHER (State or country): Muhlenburg Co
12 MAIDEN NAME OF MOTHER: Lena Shimeyhorn
13 BIRTHPLACE OF MOTHER (State or country): Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sam France
(Address) Moorman Ky

15 Filed 7/16, 1914 C. C. Hacker, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 7 (Month) 16 (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from — ....191..., to — ....191...,
that I last saw h— alive on — ....191...,
and that death occured, on the date stated above, at — m.
The CAUSE OF DEATH* was as follows:
Suffocation
Accident
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Floyd K. Foley, M.D.
..... 191... (Address) Central City

*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: New Hope
DATE OF BURIAL: July 16, 1914
20 UNDERTAKER: W. C. Hackett
ADDRESS: Sw Carrollton

11—8184

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

H. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PSYCHOLOGY should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Knowledge of OCCUPATION is very important. See instructions on back of certificate.