

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

14384

PLACE OF DEATH
County Muhlenberg
Vot. Prec. Hillside
Ino. Town
City (No. St., Ward)
Registration No. 0876843
Primary Registrar District No. 3435
Registered No. 344
[If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Minerva Fugua

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Female
2 COLOR OR RACE Black
3 SINGLE, MARRIED, WIDOWED OR DIVORCED Married
6 DATE OF BIRTH Sept 10, 1923
7 AGE 36-8-14
8 OCCUPATION Housewife

16 DATE OF DEATH May 2, 1923
17 I HEREBY CERTIFY, That I attended deceased from May 1, 1923 to May 2, 1923, that I last saw him alive on May 2, 1923, and that death occurred on the date stated above at 12 m. The CAUSE OF DEATH* was as follows:
Tuberculosis

9 BIRTHPLACE Baldwell Co
10 NAME OF FATHER Lillie Johnson
11 BIRTHPLACE OF FATHER Baldwell
12 MAIDEN NAME OF MOTHER Lillie Ohio
13 BIRTHPLACE OF MOTHER Not Known

Contributory (SECONDARY) Tuberculosis
(Signed) Jno P. Dalton
May 2, 1923 (Address) Central City, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Roscoe Fugua
(Address) Hillside 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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

15 Filed 6/6 1923 A. L. Blufford
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5/2 1923
20 UNDERTAKER James E. George ADDRESS Central City, Ky

WRITE PLAINLY IN INK.-THIS IS A PERMANENT RECORD
M. B.-Every item of information should be carefully supplied. AGE should be given in terms, so that it may be properly placed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.