

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

1 PLACE OF DEATH

County Muhlenberg

Vol. Pat. Beech Creek

Ino. Town. #22

City Polly Jenkins Gardner

3 FULL NAME

Registration District No. 872

Primary Registration District No. 71252

(No. 5421)

St., Ward

File No. 25403

Registered No. 33

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

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH Jan. 8, 1850
(Month) (Day) (Year)

7 AGE 65 yrs. 9 mos. 11 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 employee) Housewife

9 BIRTHPLACE (State or country) Butter County Ky

10 NAME OF FATHER H.B. Gardner

11 BIRTHPLACE OF FATHER (State or country) Butter Co, Ky

12 MAIDEN NAME OF MOTHER Elizabeth M. Garb

13 BIRTHPLACE OF MOTHER (State or country) Butter County Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert H. Morris
(Address) Beech Creek Ky

15 Filed 10/10, 1915 J.R. Kimmel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 20, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1915 to Oct 20, 1915, that I last saw her alive on Oct 20, 1915, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH* was as follows:

Uremia
(Duration) 5 yrs. 5 mos. 5 ds.

Contributory (SECONDARY) Robert H. Morris, M.D.
(Signed) Robert H. Morris, M.D. (Address) Beech Creek Ky
Oct 20, 1915

*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) 5 yrs. 5 mos. 5 ds. State 5 yrs. 5 mos. 5 ds.

At place of death... Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Old Hebrew DATE OF BURIAL Oct 21, 1915

20 UNDERTAKER L.H. Stuart ADDRESS Beech Creek

DANGER RESERVED FOR READING

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD. 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.

Py.