

PLACE OF DEATH

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

Cause of Death *Misleading*

Reg. No. *Ed. Baggett*

Registration District No. *871*

File No. **38107**

Ino. Town

Primary Registration District No. *7152*

Registered No.

City

(No. St., Ward)

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

FULL NAME *Lucretia Garnett*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*
 (Write the word)

16 DATE OF DEATH *11 8 1918*
 (Month) (Day) (Year)

6 DATE OF BIRTH *Jan 17 1840*
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *MAR 4*, 1918, to *NOV 8*, 1918, that I last saw her alive on *NOV 7*, 1918, and that death occurred on the date stated above at *5:30 P.M.* The CAUSE OF DEATH* was as follows: *Paralysis*

7 AGE *78 yrs. 9 mos. 22 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)

(Duration) ... yrs. ... mos. ... ds.
 Contributory (SECONDARY) *Rheumatism*
 (Duration) *2 yrs. ... mos. ... ds.*

9 BIRTHPLACE (State or country) *Trigg Co. Ky*

10 NAME OF FATHER *P. H. Barnett*

11 BIRTHPLACE OF FATHER (State or country) *Virginia*

12 MAIDEN NAME OF MOTHER *Miss Burbridge*

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

(Signed) *C. R. Garnett, M. D.*
NOV 8, 1918 (Address) *Greenville*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Mrs. B. C. Gary*
 (Address) *Foley Rd.*

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

19 PLACE OF BURIAL OR REMOVAL *St. Charles Ky* DATE OF BURIAL *Nov 9, 1918*

20 UNDERTAKER *McDonald & DeWitt* ADDRESS *Greenville Ky*

WRITE PLAINLY, WITH BRASSING INK—THIS IS A PERMANENT RECORD
 No. 5—Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified, every sign of OCCUPATION is very important. See instructions on back of certificate.