

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

6961

PLACE OF DEATH

County *Muhlenberg*

Vot. Prec. *Penrod*

Inc. Town *Box # 8*

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME *Lucy Garrett*

File No. \_\_\_\_\_

Registered No. *1090*

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* COLOR OR RACE *W* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Wid.*  
(Write the word)

DATE OF BIRTH *April 12, 1844*  
(Month) (Day) (Year)

AGE *82* yrs. mos. ds. If LESS than 1 day ... hrs. or ... min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) *Ky.*

PARENTS

10 NAME OF FATHER *Abson Low*

11 BIRTHPLACE OF FATHER (State or country) *N.C.*

12 MAIDEN NAME OF MOTHER *Martha*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *M. C. Goodall*

(Address) *Penrod Ky.*

15 Filed *Nov 10, 1926* *Hellie Bowley*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *November 16, 1926*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *November 10, 1926*, to *Nov 10, 1926*, 191*26*

that I last saw *her* alive on *Nov 10, 1926*, 191*26*

and that death occurred, on the date stated above, at *2:30 p.m.*

The CAUSE OF DEATH\* was as follows:

*Cerebral Hemorrhage, aphylexy*

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

Contributory (SECONDARY) \_\_\_\_\_ (Duration) ... yrs. ... mos. ... ds.

(Signed) *H. T. Alexander*, M. D.

*Nov 16, 1926* (Address) *Dummar, 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 *Trayzel Creek* DATE OF BURIAL *11-17, 1926*

20 UNDERTAKER *Victor Johnson* ADDRESS *Trayzel Creek*

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

U. S.—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.

DEATH

*F.*