

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

16485

File No.

Registered No.

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

1 PLACE OF DEATH

County Mullens

Vet. Post West Point

District No. 171

Ino. Town

Primary Registration District No. 7121

City Greenville

St. Ward)

2 FULL NAME Bir Glen

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE negro 5 SINGLE MARRIED WIDOWED OR SEPARATED (Mark the word) widow

6 DATE OF BIRTH 1-2 Dec 1887

7 AGE 63 yrs. mos. d. 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) Home Keeping

9 BIRTHPLACE (State or country) Mullens

10 NAME OF FATHER Jesse Taylor

11 BIRTHPLACE OF FATHER (State or country) Mullens

12 MARRIEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. J. Smith

(Address) Louisville, Ky.

15 James E. George REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 28, 1914

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1913, to June 28, 1914, that I last saw him alive on June 28, 1914, and that death occurred on the date stated above at 7 P.M. The CAUSE OF DEATH was as follows: Cancer of Ovary

(Duration) yrs. mos. d. Contributory (SECONDARY) Cancer

(Signed) A. Cornbliss M. D. June 30, 1914 (Address) Greenville

18 IN THE DISEASE CAUSING DEATH, OR IN DEATHS FROM VIOLENT CAUSES state (1) MANNER OF INJURY and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENTS) At place of death yrs. mos. d. In the State yrs. mos. d.

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

20 PLACE OF BURIAL OR REMOVAL West End Cemetery DATE OF BURIAL June 30, 1914

21 UNDERTAKER James E. George ADDRESS Greenville

WRITE PLAINLY, WITH CAREFUL HANDWRITING IN A FAMILIAR HAND. PHYSICIAN'S NAME AND ADDRESS MUST BE FULLY STATED. AGE SHOULD BE STATED EXACTLY. PHYSICIAN'S SIGNATURE SHOULD BE FULLY WRITTEN. SIGNATURES SHOULD BE FULLY WRITTEN. SIGNATURES SHOULD BE FULLY WRITTEN.