

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 General *Muhlenberg*  
 Vol. *North Lebanon*  
 Inc. Town \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. **23282**

Registered No. **22**

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

2 FULL NAME *Sessan Gossett*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED *married*  
(If not the word)

6 DATE OF BIRTH *November 1st 1877*  
(Month) (Day) (Year)

7 AGE *74 yrs. 10 mos. 20 ds.* If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Kentucky*

PARENTS  
 10 NAME OF FATHER *George Humphrey*  
 11 BIRTHPLACE OF FATHER (State or country) *Virginia*  
 12 MAIDEN NAME OF MOTHER *Sally Goffinger*  
 13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) *R. M. Kittinger*  
 (Address) *Greenville, Ky.*

15 Filed *Sept 21 1912* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 21 1912*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Aug 31 1912* to *Sept 21 1912*, that I last saw her alive on *Sept 15 1912* and that death occurred, on the date stated above, at *2 P.M.*

The CAUSE OF DEATH\* was as follows:  
*Obstruction of bowels followed by paralysis of same*  
 (Duration) *7* yrs. *2* mos. *2* ds.  
 Contributory *Toxemia*  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) *A. R. M. Dowell* M. D.  
*Sept 21 1912* (Address) *Phenix City, Ky.*

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

(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 *Shavers Chapel* DATE OF BURIAL *September 25 1912*  
 20 UNDERTAKER *B Stewart* ADDRESS *Kremm, Ky.*

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