

## Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVot. Pat. West Register Registration District No. 871Inc. Town ..... Primary Registration Dist. No. 7193

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

3 FULL NAME Elizabeth GreenFile No. 20740Registered No. 72

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed6 DATE OF BIRTH Jan 1st 1875  
(Month) (Day) (Year)7 AGE 87 yrs. 7 mos. 17 ds. If LESS than 1 day.... hrs, or.... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. at home (b) General nature of industry, business, or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Jack Chondlers11 BIRTHPLACE OF FATHER (State or country) not known12 MAIDEN NAME OF MOTHER Miss - Archer13 BIRTHPLACE OF MOTHER (State or country) not known14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. F. Green(Address) Greenville, Ky.15 Aug 19 1917 W. H. Fraudline REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 18, 1917  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1917, to Aug 15, 1917,that I last saw her alive on Aug 15, 1917, and that death occurred, on the date stated above, at 11 A.M.The CAUSE OF DEATH\* was as follows:  
Senility  
(Duration) ..... yrs. .... mos. .... ds.

Contributory (secondary) ..... (Duration) ..... yrs. .... mos. .... ds.

(Signed) L. T. Moore, M. D.  
Aug 18, 1917 (Address) Greenville, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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 Green Burying Ground DATE OF BURIAL Aug 18, 191720 UNDERTAKER M. B. McDonald ADDRESS Greenville, Ky.