

COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **14385**1 PLACE OF DEATH
County WickliffeVot. Pat. Greenville KyRegistration District No. 093Inc. Town Greenville KyPrimary Registration District No. 2436

City _____ (No. _____ St. _____ Ward _____)

Registered No. _____

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

2 FULL NAME Sarah A. Greer**PERSONAL AND STATISTICAL PARTICULARS**3 SEX Female 4 COLOR OR RACE white 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Jan 9 1878
(Month) (Day) (Year)7 AGE 75 yrs. 4 mos. 16 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) Wilson Co. Tenn

PARENTS

10 NAME OF FATHER Fletcher Campbell11 BIRTHPLACE OF FATHER (State or country) Wilson Co Tenn12 MAIDEN NAME OF MOTHER Elizabeth Gray13 BIRTHPLACE OF MOTHER (State or country) Wilson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mad R. B. Kennedy
(Address) Greenville Ky15 5/26/23 C. Budick Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH May 25 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 25, 1920, to May 25, 1923, that I last saw her alive on May 25, 1923, and that death occurred on the date stated above at 3:05 P.M.The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
Chronic Interstitial Nephritis
(Duration) 3 yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) G. J. ... M. D.
5/25 1923 (Address) Greenville 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 _____ in the State _____ yrs. _____ mos. _____ ds.
if not at place of death? _____
Where was disease contracted? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Carters Creek Ky May 26 192320 UNDERTAKER ADDRESS
McDonald & DeWitt Greenville Ky

WRITE PLAIN UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.