

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Franklin
 Vol. Pat. 16
 Inc. Town Chester Ky
 City _____ (No. _____ St. _____ Ward _____)

File No. 13583

Registered No. _____

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

2 FULL NAME Geneva Griffith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
 6 DATE OF BIRTH Aug 20, 1911
 (Month) (Day) (Year)
 7 AGE _____ yrs. 9 mos. 18 ds. If LESS than 1 day _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (state or country) Ky

PARENTS
 10 NAME OF FATHER Joe Griffith
 11 BIRTHPLACE OF FATHER (State or country) Ky
 12 MAIDEN NAME OF MOTHER Sue Barentine
 13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Joe Griffith
 (Address) Chester, Ky.

15 Filed May 19, 1912 W. H. Hoover
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 18, 1912
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1912, to May 18, 1912; that I last saw her alive on May 18, 1912; and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
 (Duration) _____ yrs. _____ mos. 20 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) LeRoy Willis, M. D.
May 19, 1912 (Address) Chester, Ky.

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

(1) 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 Wickliffe, Frankford DATE OF BURIAL May 18, 1912
 20 UNDERTAKER J. D. Thomas ADDRESS Chester, Ky.

WRITE PLAIN WITH ENGLISH 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.