

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MUHLENBERGVol. Pat. 15Ine. Town DRAKESBORO, KY.

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

Registration District No. 2120

Primary Registration Dist. No. _____

File No. 15770Registered No. 16

If death occurred in a hospital or institution, give its name, building, city, street and number.

2 FULL NAME MINNIE GRIFFITH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX FEMALE 4 COLOR OR RACE WHITE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) MARRIED6 DATE OF BIRTH October 5, 1876
(Month) (Day) (Year)7 AGE 35 yrs. 7 mo. 22 da. 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) Muhlenberg Ky10 NAME OF FATHER John McBride11 BIRTHPLACE OF FATHER (State or country) don't know12 MAIDEN NAME OF MOTHER Hester Ward13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Griffith
(Address) Drakesboro Ky15 6-26, 1912 J. B. House
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH JUNE 25, 1912, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from JUNE 23, 1912 to JUNE 25, 1912that I last saw DECEASED alive on JUNE 25, 1912and that death occurred, on the date stated above, at 6:30 A

The CAUSE OF DEATH* was as follows:

SEPTICEMIAContributory (duration) 5 da.ABORTION (at about 2nd mo)(duration) 10 da.(Signed) H. D. Newman, M. D.JUNE 26, 1912 (Address) DRAKESBORO, KY.

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

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death _____ yrs. _____ mo. _____ da. In the State _____ yrs. _____ mo. _____ da.

Where was disease contracted, If not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL EBENEZER DATE OF BURIAL JUNE 26, 191220 UNDERTAKER J. B. HOUSE ADDRESS DRAKESBORO, KY.

WRITE PLAINLY. WITH CAREFULNESS. THIS IS A PUBLIC DOCUMENT. Every item of information should be carefully supplied. AGE should be stated FULLY. 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.