

Commonwealth of Kentucky  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

PLACE OF DEATH

County *Mitchell*Vol. Pat. *402*Inc. Town *Greenup*

City

FULL NAME *Mary Hale*Registration District No. *2nd 7122*Primary Registration District No. *2*

(No. ....)

St., ..... Ward)

File No. *19269*Registered No. *10*

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

## PERSONAL AND STATISTICAL PARTICULARS

 SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*  
(Write the word)
DATE OF BIRTH *11 2 1896*  
(Month) (Day) (Year)
AGE *7 1/2 yrs.* *2* *28 ds.*  
IF LESS than 1 day... hrs. or... min.?
OCCUPATION  
 (a) Trade, profession, or particular kind of work *House M. Work*  
 (b) General nature of industry, business or establishment in which employed (or employer)
BIRTHPLACE (State or country) *Murray Co Ky*

PARENTS

10 NAME OF FATHER *James Dorney*11 BIRTHPLACE OF FATHER (State or country) *Murray Co Ky*12 MAIDEN NAME OF MOTHER *E. Liza Hale*13 BIRTHPLACE OF MOTHER (State or country) *Murray Co Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) *M. W. Dorney*(Address) *Bremen Ky*15 Filed *July 1, 1914* *M. C. Gandy* REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *July 7 1914*  
(Month) (Day) (Year)
 I HEREBY CERTIFY, That I attended deceased from *May 29*, 1914, to *July 1*, 1914, that I last saw him alive on *June 29*, 1914, and that death occurred on the date stated above at *11:30 A.M.* The CAUSE OF DEATH\* was as follows:

*General Debility*  
 (Duration)..... yrs. *1* mos. *2* ds.

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

(Signed) *S. A. Bates* M. D.  
*July 1, 1914* (Address) *Bremen Ky*

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

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RESIDENT RESIDENTS)

At place of death..... yrs. .... mos. .... ds. State..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL *Bhayschapel* DATE OF BURIAL *July 2 1914*20 UNDERSTANDING *J. S. Buckler* *Bremen Ky*
 WRITE PLAINLY, WITH SPACING NEAT—THIS IS A PERMANENT RECORD.  
 In every case of tuberculosis the certificate completed. All cases should be classified as to extent. Submit statement of G.C. County Health Officer to Bureau of Vital Statistics, State Board of Health, Louisville, Ky. Instructions on back of certificate. Corrections in very important.