FORM V. S. 1-100 M. 10-15-10

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 20730

Registered No. .....

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

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. .....
Inc. Town Paradise
City ..... (No. ....., St. ....., Ward)

2 FULL NAME Kathrine Yontz Haase

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: November 3, 1847 (Month) (Day) (Year)

7 AGE: 65 yrs. 9 mos. 7 ds.
If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Muhlenberg Co.

PARENTS

10 NAME OF FATHER: Johan L Yontz
11 BIRTHPLACE OF FATHER (State or country): North Carolina
12 MAIDEN NAME OF MOTHER: Kathrin McCoy
13 BIRTHPLACE OF MOTHER (State or country): Muhlenberg Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Daughter Emma H Everly
(Address) Nelson Ky

15 Filed Aug 7, 1912 Dr. W H Smith Registrar

11—5106

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 7, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1912, to Aug 7, 1912, that I last saw her alive on " ", 1912, and that death occured, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Left hemiplegia

(Duration) — yrs. — mos. — ds.

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

(Signed) E. S. Smith, M. D.
Aug 7, 1912 (Address) Paradise

*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 of death ..... yrs. ..... mos. 1 Ds. In the State 65 yrs. 9 mos. 7 ds.
Where was disease contracted, if not at place of death? at place of death
Former or usual residence Nelson Ky

19 PLACE OF BURIAL OR REMOVAL: Nelson Creek — DATE OF BURIAL: Aug 8 1912
20 UNDERTAKER: W. T. Williams — ADDRESS: Rockport Ky