FORM V. S. 1-160 (4-4-10-11)

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

9097

1 PLACE OF DEATH
County Muhlenburg
Vot. Pct. West Boggess
Inc. Town
City (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District No. 871
Primary Registration Dist. No. 7130
File No.
Registered No.

2 FULL NAME Hattie Marie Hammonds

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 1 (Month) (Day) 1914 (Year)

7 AGE 2 yrs. 7 mos. 2 ds. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenburg Co

PARENTS
10 NAME OF FATHER Al Hammonds
11 BIRTHPLACE OF FATHER (State or country) Muhlenburg Co
12 MAIDEN NAME OF MOTHER Fannie James
13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Al Hammonds
(Address) Greenville Ky

15 Filed 3/5, 1917 C. B. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 3, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1917, to March 3, 1917, that I last saw her alive on March 3, 1917, and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:
Ilio Colitis
(Duration) ... yrs. ... mos. 14 ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) L P Moore, M. D.
3/5, 1917 (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 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
DATE OF BURIAL ..., 191...
20 UNDERTAKER
ADDRESS

11-8184