

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13567

1 PLACE OF DEATH

County MuhlenbergVot. Pct. 21.6 CityInc. Town Central City KyCity Central City KyRegistration District No. 1087Primary Registration District No. 2435

File No. _____

Registered No. 43(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Lupler Hampton

(a) Residence. No. _____ St., _____ Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE col 5 Single Married Widowed Divorced (Write the word)5a If married, widowed, or divorced HUSBAND of Single (or) WIFE of _____6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year) 907 AGE 20 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs or _____ min?8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Teacher (b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) South Carroll Ky. (State or country)PARENTS 10 NAME OF FATHER George Hampton 11 BIRTHPLACE OF FATHER (city or town) South Carroll Ky. (State or country) 12 MAIDEN NAME OF MOTHER Matilda Patton 13 BIRTHPLACE OF MOTHER (city or town) South Carroll Ky. (State or country)14 (Informant) Matilda Hampton (Address) Central City Ky15 Filed May 9, 1928 W. D. P. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 3, 1928 (Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from 4-20, 1928 to 5-3, 1928 that I last saw her alive on 4-28, 1928and that death occurred on the date stated above at 4 m.The CAUSE OF DEATH* was as follows:
acute dilatation of heart(Duration) _____ yrs. _____ mos. 2 ds.Contributory mitralis & hypertension (Secondary) (Duration) _____ yrs. _____ mos. 17 ds.

18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) F. J. Kelly M. D. 5-3, 1928 (Address) Central City

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL U. S. South Carroll Ky DATE OF BURIAL May 5, 192820 UNDERTAKER Joe E. George ADDRESS Central City Ky

MARGIN REMOVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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. These statements of OCCUPATION is very important. See instructions on back of certificate.