

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7348

County Muhlenberg

File No. \_\_\_\_\_

Vol. No. 7-6 CityRegistration District No. 1087Registered No. 25

Inn. Town \_\_\_\_\_

Precinct Registration District No. 2435City Central City Ky(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Matilda Elizabeth Harpster

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Wol 5 Single Infant  
Married  
Widowed  
or Divorced  
(Write the word)

6a If married, widowed, or divorced

HUSBAND or  
(or) WIFE OF Infant6 DATE OF BIRTH 2-14-1929  
(Month) (Day) (Year)7 AGE \_\_\_\_\_  
yrs. 1 mos. 21 ds. IF LESS than 1  
day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Infant

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Central City Ky  
(State or country)10 NAME OF FATHER Duncan Hampton11 BIRTHPLACE OF FATHER (city or town) South  
(State or country) Carrollton Ky12 MAIDEN NAME OF MOTHER Jocada Flowers13 BIRTHPLACE OF MOTHER (city or town) Empire  
(State or country) Ky14 (Informant) Jocada Hampton(Address) Central City Ky15 Filed 2-25-1929 A. L. Bradford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2-14-1929  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from 2-10-1929, to 2-14-1929that I last saw her alive on 2-9-1929

and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Perinatal Pneumonia(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

Contributory (Secondary) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) J. H. Hays M. D.\_\_\_\_\_, 19\_\_\_\_ (Address) Central City Ky

\*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 DATE OF BURIAL

South Carrollton Ky 2-15-1929

20 UNDERTAKER ADDRESS

James E. George Central City Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language that it may be properly classified. Exact nature of OCCUPATION is very important. See instructions on back of certificate.