

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2704

1 PLACE OF DEATH
 County Mullerberg
 Vol. West Boggs Registration District No. 198
 Inc. Town Greenville Primary Registration District No. 4534
 City Greenville (No. 10 St., 10 Ward)
 2 FULL NAME Emmily Harber

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 4 COLOR OR RACE Col. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow

6 DATE OF BIRTH Jan. 1, 1871
 (Month) (Day) (Year)

7 AGE 92 yrs. 30 mos. 30 ds. IF LESS than 1 day... hrs. or... mts.?

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

9 BIRTHPLACE (State or country) McClain County

10 NAME OF FATHER George Johnson

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER Rebecca Johnson

13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mary A. Vaughn
 (Address)

15 Filed 2/1/23 W. B. L. Lige REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 28, 1923
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1923, to Jan 27, 1923, that I last saw him alive on Jan 27, 1923, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH* was as follows:

Pneumonia lobar.
 (Duration) ... yrs. ... mos. ... ds.

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

(Signed) Henry J. St. John, M. D.
Feb 5, 1923 (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 West Brook Greenville DATE OF BURIAL Feb 1, 1923

20 UNDERTAKER James E. Gurge ADDRESS Central Ky Ky

WRITE PLAINLY. WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH should be stated EXACTLY. PHYSICIAN'S OCCUPATION is very important. See instructions on back of certificate.