

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

PLACE OF DEATH

County MurphreeburgVol. Pct. # 5Registration District No. 1088Inc. Town DrakesboroPrimary Registration District No. 2437

City

(No. St. Ward)

File No. 26276Registered No. 43

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

3 FULL NAME Eugene Fenton Hardison

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write "yes" or "no") <u>Married</u>
6 DATE OF BIRTH <u>11-11-1897</u>	(Month) (Day) (Year)	
7 AGE <u>65</u> yrs.	mos.	ds.
	IF LESS than 1 day: hrs. min?	

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

9 BIRTHPLACE (State or country) Logan Co., Ky

PARENTS	10 NAME OF FATHER <u>Burl Hardison</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>
	12 MAIDEN NAME OF MOTHER <u>Mary Brown</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>U.S.A.</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:

(Informant) M. A. Hardison(Address) Drakesboro

15

Filed 11-25 1927

Registered

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH  
Nov 23 1927I HEREBY CERTIFY, That I attended deceased from Nov 18, 1927, to Nov 23, 1927, that I last saw her alive on Nov 22, 1927, and that death occurred on the date stated above at 6:50a.

The CAUSE OF DEATH\* was as follows:

Tuberculosis of lung  
(Duration) yrs. 6 mos. 2 ds.

Contributory (Secondary):

(Signed) J. D. Curran, D.  
Nov 25 1927 (Address) Drakesboro  
\*State the Disease causing Death, or, in Deaths from Violence, Chosen state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
at place of death..... yrs..... mos..... ds. State..... yrs..... mos..... ds.Where was disease contracted, if not at place of death?.....  
Former or usual residence20 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Farrest Grove Nov 24 192721 UNDERTAKER'S NAME AND ADDRESS  
W. H. McDaniel Drakesboro KyWRITE 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKING RESERVED FOR NEEDLES