

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

File No. 19222

1 PLACE OF DEATH

County MuhlenbergVol. Pat. Peru

Registration District No. _____

Registered No. _____

Ins. Town _____

Primary Registration District No. 1090

City _____

(No. _____)

Ward _____

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

2 FULL NAME Louisa Stuchess

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)
6 DATE OF BIRTH <u>June 18 1886</u> (Month) (Day) (Year)		
7 AGE <u>38 yrs. 1 mos. 19 ds.</u>		IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER J. N. Hughes

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Eliza Parson

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Byrd Harrison(Address) Post OfficeFiled Aug 7 1924

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
8 7 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7/20/1924 to 8/7/1924, that I last saw him alive on 8/6/1924, and that death occurred on the date stated above at 90 m.

The CAUSE OF DEATH* was as follows:

Chronic disease of the heart
atherosclerosis
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
(Signed) W. T. Trotter, M. D.
8/7/1924 (Address) Peru, 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 _____ in the State _____
of death _____ 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
Union Ridge 8-7-1924

20 UNDERTAKER
L. H. Stuart
ADDRESS

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REARER CHILD STATE HEALTH DEPARTMENT

DRAGMATS

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