

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

21223

1 PLACE OF DEATH
County Muhlenberg
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Registration District No. 1099
Primary Registration District No. 6832

File No.

Registered No.

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

City..... (No. St., Ward)

2 FULL NAME Mary Harris

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH
(Month) (Day) 1 (Year)

7 AGE about 70 yrs. mos. ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Don't know

10 NAME OF FATHER " "

11 BIRTHPLACE OF FATHER (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Vincent
(Address) Greenville, Ky15 Filed 8/7/26, 1926 C. B. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 7, 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Aug 6, 1926, that I last saw her alive on Aug 6, 1926, and that death occurred on the date stated above at 5 A.M.

The CAUSE OF DEATH* was as follows:

Tubercle of Bowls

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J. C. Woodburn, M. D.
1926 (Address) Lebanon, 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 residence19 PLACE OF BURIAL OR REMOVAL County Farm P. O. DATE OF BURIAL Aug 7, 192620 UNDERTAKER W. B. McDonald ADDRESS Greenville, Ky

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

N. B.—Every item of information should be carefully supplied. AGE should be stated in PLAIN terms, and that it may be properly classified. Exact Moment of OCCUPATION is very important. See instructions on back of certificate.

MAKING ERRORS FOR NOTHING