

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. No. 15 Celestion Ky.
Inc. Town

7134

File No. 29666

Registered No. 213
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City (No. St.) Ward

2 FULL NAME Wardten Hayden

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Oct 17, 1890
(Month) (Day) (Year)

7 AGE 24 yrs. 16 ds. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.

10 NAME OF FATHER James Hayden

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky.

12 MAIDEN NAME OF MOTHER Silas Shultz

13 BIRTHPLACE OF MOTHER (State or country) Ohio Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. Bennett
(Address) Celestion Ky.

15 Filed Nov 3, 1914 W. H. Moore

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Nov 2, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1914, to Nov 2, 1914, that I last saw her alive on Nov 2, 1914, and that death occurred, on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(Duration) ... yrs. 3 mos. ... ds.

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

(Signed) L. Bennett, M. D.
Nov 3, 1914 (Address) Celestion Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

(15) 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 Wickliff Grave yard DATE OF BURIAL Nov 3, 1914

20 UNDERTAKER Geo. E. George ADDRESS Summit

WRITE PLAINLY, WITH CAREFUL MEASUREMENTS IS A PERMANENT RECORD

7. 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.