

1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS

County Muhlenberg

CERTIFICATE OF DEATH

File No. _____

Vol. Pct. _____ Registration District No. 1089Registered No. 1Inc. Town Paradise Ky Primary Registration District No. 6823

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

City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Mary Helsley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 Single single
Married
Widowed
or Divorced
(Write the word)6 DATE OF DEATH Jan. 18, 1924
(Month) (Day) (Year)6 DATE OF BIRTH July 29th, 1864
(Month) (Day) (Year)

7 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____.

7 AGE 69 yrs. 5 mos. 20 da.
IF LESS than 1 day _____ hrs. or _____ min?

that I last saw h_____ alive on _____, 192____, and that death occurred on the date stated above at _____ m.

8 OCCUPATION
(a) Trade, profession or particular kind of work. School Teacher
(b) General nature of industry, business or establishment in which employed (or employer)The CAUSE OF DEATH* was as follows: 1819 BIRTHPLACE (State or country) KentuckyBurned to death accidentally, Caught by open fire place. (Duration) _____ yrs. _____ mos. _____ da.10 NAME OF FATHER Philip Helsley

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da.

11 BIRTHPLACE OF FATHER (State or country) American Kentucky

(Signed) _____, 192____ (Address) _____

12 MAIDEN NAME OF MOTHER Elizabeth Roll

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

13 BIRTHPLACE OF MOTHER (State or country) American

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ yrs. _____ mos. _____ da. In the State _____ yrs. _____ mos. _____ da. Where was disease contracted,

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) O. F. Buchanan

if not at place of death? Former or usual residence _____

(Address) Prokesboro Ky19 PLACE OF BURIAL OR REMOVAL Var. Cemetery Paradise Ky DATE OF BURIAL Jan-18 192415 Filed 2-10-24 Morris D Fox Registrar20 UNDERTAKER W. Kimmel ADDRESS Prokesboro 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 EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.