

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

12804

File No.

1 PLACE OF DEATH
County MuhlenbergVet. Pot. PowdelyRegistration District No. 1093

Registered No.

Inc. Town.....

Primary Registration District No. 6849

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

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

2 FULL NAME Minnie Bell Hettley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH April 7 - 1900
(Month) (Day) (Year)7 AGE 25 yrs. 1 mos. 6 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Logan Co. Ky.10 NAME OF FATHER John Brooks11 BIRTHPLACE OF FATHER (State or country) Logan Co. Ky.12 MAIDEN NAME OF MOTHER Mollie Phillips13 BIRTHPLACE OF MOTHER (State or country) Logan Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Will Hettley(Address) Powdely Ky15 Filed 5/14/25 OB Wickliffe Registrarmin

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 13, 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug, 1923, to May 1, 1925, that I last saw him alive on May 1, 1925, and that death occurred on the date stated above at 12:00 p.m.The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis(Duration) 2 yrs. mos. ds.Contributory (Secondary) None

(Duration) yrs. mos. ds.

(Signed) E. P. Galt, M. D.
May 12, 1925 (Address) Greenville 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
of death yrs. mos. ds. State 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

Greenigons Chapel, May 14, 1925

UNDERTAKER ADDRESS

M B McDonald 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 EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.