

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

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

41075

1 PLACE OF DEATH

County Mitchell

Vol. No. Bressler 42

Registration District No. 7122

File No.

Ino. Town

Primary Registration District No.

Registered No. 916

City

(No.

St.,

Ward)

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

2 FULL NAME Lilly May Kendrick

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 24, 1894
(Month) (Day) (Year)

7 AGE 24 yrs. 1 mos. 9 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) Mitchell Co Ky

10 NAME OF FATHER Jesse Earnest

11 BIRTHPLACE OF FATHER (State or country) Mitchell Co Ky

12 MAIDEN NAME OF MOTHER Minnie Reynolds

13 BIRTHPLACE OF MOTHER (State or country) Mitchell Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Robertson
(Address) Bressler 42

15 Filed Dec 7, 1918 W. G. Grimes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 5, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1918, to Dec 5, 1918, that I last saw her alive on Dec 5, 1918, and that death occurred on the date stated above at 2:20 p.m. The CAUSE OF DEATH was as follows:

Influenza followed by Bronchopneumonia

(Duration) 2 yrs. 8 mos. 8 ds.

Contributory Child birth
(Secondary) (Duration) 2 yrs. 8 mos. 8 ds.

(Signed) C. R. Robertson, M. D.
Dec 6, 1918 (Address) Bressler 42

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES (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. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Lilly Cemetery DATE OF BURIAL 12/7, 1918

20 UNDERTAKER J. P. Tucker ADDRESS Bressler 42