

PLACE OF DEATH

DEPARTMENT OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

County *Mitchell*

Vol. No.

Registration District No. *273*

File No.

Inc. Town *Central City*

Primary Registration District No. *3435*

Registered No. *46*

City

(No. St., Ward)

(If death occurred in a hospital or institution, give the full number of street and number.)

FULL NAME *Mary Cecily Henry*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX *Female*
2 COLOR OR RACE *White*
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

16 DATE OF DEATH *12-21-1921*
(Month) (Day) (Year)

4 DATE OF BIRTH *Sept 7 1837*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *12-2-1921*, to *12-21-1921*, that I last saw him alive on *12-20-1921*, and that death occurred on the date stated above at *6* m. The CAUSE OF DEATH* was as follows:

7 AGE *84* yrs. *10* mos. *7* ds.
IF LESS than 1 day... hrs. or... min.?

Hypostatic Pneumonia
(Duration).... yrs.... mos. *9* ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work... *Retired Housewife*
(b) General nature of industry business or establishment in which employed (or employer)

Contributory (accidental)..... (Duration).... yrs.... mos.... ds.
(Signed) *J. J. Zeller*, M.D.
(Address) *Central City*

9 BIRTHPLACE (State or country) *Ohio Co. Ky.*

10 NAME OF FATHER *Lloyd Carrisad*

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

12 MAIDEN NAME OF MOTHER *Nancy Lawrence*

13 BIRTHPLACE OF MOTHER (State or country) *Ohio Co. 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. State.... yrs.... mos.... ds.
Where was disease contracted, if not at place of death?
Former or usual residence.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *J. J. Woodman*
(Address) *Central City, Ky.*

19 PLACE OF BURIAL OR REMOVAL *Farmington* DATE OF BURIAL *12-23-1921*

15 Filed *1/28* 1922 *A. T. Blandford* REGISTRAR

20 UNDERTAKER *Walter Moore* ADDRESS *Central City*

WRITE PLAINLY, WITH WRAPING INK. THIS IS A PERMANENT RECORD.

A. B. - Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH (when known), so that it may be properly classified. Short statement of OCCUPATION is very important. See instructions on back of certificate.