FORM V. S. 1-100 M-1-30-11.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Drummond

Inc. Town ....

City .... (No. .... St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration District No. 7134

Primary Registration Dist. No. ....

File No. 10827

Registered No. 8

2 FULL NAME Susan Holmes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Mar (Month) 16 (Day) 1840 (Year)

7 AGE 75 yrs. .... mos. 21 ds. If LESS than 1 day....hrs. or....min.?

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

9 BIRTHPLACE (State or country) McLean Co

PARENTS

10 NAME OF FATHER Michael Donohoo

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Angeline Donoho

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Holmes

(Address) Mill Port, Ky

15

Filed 4/7/, 1915 S. A. Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 6 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1912, to April 6, 1915, that I last saw her alive on April 6, 1915, and that death occured, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Consumption

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

Contributory (SECONDARY)

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

(Signed) W. H. Moore, M.D.

April 6, 1915 (Address) Sacramento, 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 3 yrs. .... mos. .... ds. In the State 75 yrs. .... mos. 21 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Sacramento Ky

19 PLACE OF BURIAL OR REMOVAL Brier creek cemetery

DATE OF BURIAL 4/7/, 1915

20 UNDERTAKER J. Tucker

ADDRESS Bremen Ky

11—8184

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING