Form V. S. 2—200m—6-11-23

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Hillside

Inc. Town

City

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

27644

Registration District No. 1043

Primary Registration District No. XXX

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

File No.

Registered No.

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

2 FULL NAME Josephine House

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed or Divorced (Write the word)

6 DATE OF BIRTH: Nov. (Month) 7 (Day) 1925 (Year)

7 AGE: ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day ..... hrs. or ..... min?

8 OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Muhlenberg Co. Ky.

PARENTS

10 NAME OF FATHER: Ellington House

11 BIRTHPLACE OF FATHER (State or country): Muh. Co. Ky.

12 MAIDEN NAME OF MOTHER: Velda Crabtree

13 BIRTHPLACE OF MOTHER (State or country): Ohio Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ellington House

(Address) Central City, Ky

15 Filed 11/8/25, 192 A B Wickliffe MW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 7 (Day), 1925 (Year)

I HEREBY CERTIFY, That I attended deceased from ....., 192...., to ....., 192...., that I last saw h..... alive on ....., 192...., and that death occurred on the date stated above at 1 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

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

Contributory (Secondary)

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

(Signed) J. L. McDowell M. D.

Nov 8, 1925 (Address) Central City 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. In the State ..... yrs. ..... mos. ..... ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Kinchelor Bluff B.G.

DATE OF BURIAL: Nov. 8, 1925

20 UNDERTAKER: M B McDonald

ADDRESS: Greenville Ky

11—3184

MARGIN RESERVED FOR BINDING

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