

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

1 PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. No 2  
Inc. Town Bremen  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 2  
Primary Registration Dist. No. 4122

File No. 2549  
Registered No. 1

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

2 FULL NAME Still born (named Elvira Hudgens)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single  
6 DATE OF BIRTH January 6th, 1914  
(Month) (Day) (Year)  
7 AGE 4 yrs. + mos. + ds. If LESS than 1 day, 7 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) STILL BIRTH

## 9 BIRTHPLACE (State or country)

Muhlenberg Co. Ky.

## 10 NAME OF FATHER

Geo Campbell

## 11 BIRTHPLACE OF FATHER (State or country)

Hopkins Co Ky.

## 12 MAIDEN NAME OF MOTHER

Nannie Elizabeth Hudgens

## 13 BIRTHPLACE OF MOTHER (State or country)

Hopkins Co Ky

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nannie E Hudgens  
Harrison Hudgens  
(Address) Bremen Ky

15

Filed Jan 7, 1914 Mc Grandy  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 6th, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from Still born, 1914, to 1914

that I last saw her alive on not at all, 1914

and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH\* was as follows:

Still Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Duration) + yrs. + mos. + ds.

Contributory +

(SECONDARY) \_\_\_\_\_ (Duration) + yrs. + mos. + ds.

(Signed) Wm D. Macseay, M. D.

Jan 7, 1914 (Address) Bremen Ky.

\_\_\_\_\_

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDE 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 Gish Cemetary

DATE OF BURIAL Jan 7, 1914

20 UNDERTAKER Coffin makers

ADDRESS Bremen Ky.

John Grandy

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PAMPHLET.  
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 amount of OCCUPATION is very important. See instructions on back of certificate.