

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 2703

1 PLACE OF DEATH

County MuhlenbergVot. Pct. Bremen 2

Inc. Town.....

City.....

Registration District No. 1086Principal Distribution District No. 6813

(No. St. Ward)

Registered No. 18

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

2 FULL NAME Agnes C. Hudson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single single
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Nov 17, 1923
(Month) (Day) (Year)7 AGE 1 yrs. 2 mos. 10 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 Co10 NAME OF FATHER Thomas J. Hudson11 BIRTHPLACE OF FATHER (State or country) Ohio Co 1412 MAIDEN NAME OF MOTHER Josied Burton13 BIRTHPLACE OF MOTHER (State or country) Ohio Co 1414 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas J. Hudson
(Address) Bremen 1415 Filed Feb 9, 1923 C. R. Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 27, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1923, to Jan 27, 1923, that I last saw her alive on Jan 27, 1923, and that death occurred on the date stated above at 12 a.m.The CAUSE OF DEATH^s was as follows:
Spinal Meningitis(Duration) yrs. mos. 4 ds.Contributory Cholera Infantum
(Secondary)(Duration) yrs. mos. 14 ds.(Signed) C. R. Robertson, M. D.
Jan 27, 1923. (Address) Bremen 14

*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 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted,If not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Gish Cemetery DATE OF BURIAL Jan 28, 192320 UNDERTAKER J. B. Tucker ADDRESS Bremen 14

NAMES PRINTED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—Every item of information could be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.