

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

1 PLACE OF DEATH

County MuhlenbergVot. Pot. 8Registration District No. 7128Inc. Town Reunited

Primary Registration District No.

City

(No.

St.,

Ward)

2 FULL NAME Jemima A. Hughes.File No. 28753....

Registered No.

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

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 2 - 11, 1842
(Month) (Day) (Year)

7 AGE 75 yrs. 7 mos. 2 ds. IF LESS than 1 day ... hrs. OR ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co.

10 NAME OF FATHER Marshall Blackwell

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Jemima Adeline Blackwell

13 BIRTHPLACE OF MOTHER (State or country) North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. C. Hughes(Address) Reunited, Ky.

15

Filed Oct. 9, 1917. H. Hallie B. Bewley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 6 -, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1917, to 6, 1917, that I last saw her alive on Oct 6, 1917, and that death occurred on the date stated above at 7:30 a.m. The CAUSE OF DEATH* was as follows:

Organic Heart Trouble.

(Duration) over 1 yr. yrs. mos. ds.

Contributory (SECONDARY)

(Signed) E. M. Bewley, M. D.
Oct. 9, 1917 (Address) Reunited, 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

19 PLACE OF BURIAL OR REMOVAL Hughes cemetery DATE OF BURIAL Oct. 17, 1917

20 UNDERTAKER H. P. Rector ADDRESS Reunited, Ky.

WRITE IN 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.