

7122

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

18158

1 PLACE OF DEATH

County MuhlenbergVol. Pat. Bremers, Ky

Inc. Town

City

(No.)

St.

Ward)

File No.

Registered No. 5

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

3 FULL NAME Matilda Humphrey

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH April 9, 1844
(Month) (Day) (Year)

7 AGE 48 yrs. 3 mos. 17 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) Spencer co Ky

10 NAME OF FATHER Robert Crest

11 BIRTHPLACE OF FATHER (State or country) Spencer co Ky

12 MAIDEN NAME OF MOTHER Mary Richey

13 BIRTHPLACE OF MOTHER (State or country) Spencer co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Gish(Address) Bremers Ky

15 Filed July 24, 1912 W. G. Grundy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July 26, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August, 1911, to July, 1912, that I last saw her alive on July 22, 1912, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH* was as follows:

Diabetes Mellitus(Duration) 1 yrs. 4 mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) St. Taylor, M. D.

(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 Shavers Chapel DATE OF BURIAL July 27, 1912

20 UNDERTAKER B. Stuart ADDRESS Bremers Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
2. 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.