

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

15761

1 PLACE OF DEATH

County Muhlenburg
Vol. Pat. So. Carrollton Ky.
Inc. Town _____

9121

File No. _____

Registered No. 7

City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME (Stillborn) Humphrey

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Girl 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

16 DATE OF DEATH June 17, 1912
(Month) (Day) (Year)

6 DATE OF BIRTH June 17, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1912, to June 17, 1912 that I last saw her alive on June 17, 1912 and that death occurred, on the date stated above, at 06 m.

7 AGE Stillborn If LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:

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

STILLBORN

9 BIRTHPLACE (State or country) Muhlenburg Co Ky.

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

10 NAME OF FATHER John W. Humphrey

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

12 MAIDEN NAME OF MOTHER Sabel Wiest

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

(Signed) J. R. Barnes M. D.
June 17, 1912 (Address) So. Carrollton Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Humphrey
(Address) So. Carrollton Ky.

(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 _____

15 Filed June 17, 1912 A. C. Hatcher
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Gravel home yard DATE OF BURIAL June 17, 1912
20 UNDERTAKER W. C. Hatcher ADDRESS So. Carrollton

NOTE: Every item of information should be carefully checked. 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.