

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

PLACE OF DEATH
County Muhlenberg
Vol. Pat. Perrod
Inc. Town.....
City..... (No..... St.;..... Ward.....)

File No. 47Registered No. 1128

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

FULL NAME Alice Hood Hunt

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE, MARRIED, WIDOWED, OR DIVORCED (If it's the word) m

DATE OF BIRTH 31 June 17, 1894
(Month) (Day) (Year)

AGE yrs. mos. ds. IF LESS than 1 day..... hrs. or..... min.?

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

BIRTHPLACE (State or country) Ky.

PARENTS
10 NAME OF FATHER A. J. Wood

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MARRIED NAME OF MOTHER Calley Ann Mc Bride

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alex Hood
(Address) Dummar Ky.

15 Filed Aug 31, 1912 T. M. E. Dewley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1912, to Aug 30, 1912; that I last saw him alive on Aug 30, 1912; and that death occurred, on the date stated above, at..... m. The CAUSE OF DEATH* was as follows:

Chorea Intermittent
Ne. Chorea
(Duration) yrs. mos. ds.

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

(Signed) W. H. Baber, M. D.
Aug 30, 1912 (Address) Dummar Ky.

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

(15) 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 Wood's DATE OF BURIAL Sept 1, 1912

20 UNDERTAKER E. H. Brown ADDRESS Perrod

U. S.—Every item of information should be carefully verified. 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.