

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

PLACE OF DEATH
County Muhlenberg
Vol. Pat.
Inc. Town

Registration District No. 1125
Primary Registration Dist. No.

File No. 29663
Registered No.

City (No. St. Ward)

FULL NAME Berlie Hunt

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>July 2, 1899</u> (Month) (Day) (Year)		
AGE yrs. mos. ds.		IF LESS than 1 day hrs. or min.?

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

BIRTHPLACE (State or country) Muhlenberg Co Ky

10 NAME OF FATHER B. M. Hunt

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

13 MAIDEN NAME OF MOTHER Dora Summer

12 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed Nov 20, 1914 W. E. Dewley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 16, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1914, to, 191...

that I last saw h..... alive on, 191...

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Runaway Accident

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C. Summer, M. D.

11-16, 1914 (Address) Summer 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

DATE OF BURIAL 11-17, 1914

20 UNDERTAKER

ADDRESS

Dallas Reister Summer Ky

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

No. 2.—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.