

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Muhlenberg
 Vol. No. East Rogers 17 Registration District No. 871 File No. 25961
 Inc. Town..... Primary Registration Dist. No. 7132 Registered No. 905
 City..... (No..... St.)..... Ward.....
 2 FULL NAME Lucinda Hunt [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..... 1.....
 (Month) (Day) (Year)

7 AGE 70 yrs. mos. ds. If LESS than 1 day.... hrs. or.... min.?

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

9 BIRTHPLACE (State or country) not known

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) E. O. Lutz, Supt.
 (Address) Greenville, Ky.

15

16 DATE OF DEATH Oct. 26, 1912
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1912, to Oct. 24, 1912, that I last saw him alive on Oct. 24, 1912, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:
Chronic Duarrhea

(Duration)..... yrs. mos. ds.

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

(Signed) T. B. Elston, M. D.
Oct 26, 1912 (Address) Greenville

*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 County Farm DATE OF BURIAL Oct. 26, 1912

20 UNDERTAKER M B T Donald Greenville Ky ADDRESS

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

B. S.—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.