Form V. S. 3-50m-6-19-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 27877

Registered No.

1 PLACE OF DEATH

County Muhlenburg

Vot. Pct. Bunnor Registration District No. 7128

Inc. Town # 8 Primary Registration District No.

City (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susan Hunt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed or Divorced (Write the word) Widow

6 DATE OF BIRTH Oct 4 1831 (Month) (Day) (Year)

7 AGE 90 yrs. mos. ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Muhlenburg co Ky

PARENTS

10 NAME OF FATHER James Hughes

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Elizabeth Hood

13 BIRTHPLACE OF MOTHER (State or country) N. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jess Hunt

(Address) Bunnor

15 Filed 12/12 1921 Hallie Bewley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 12 1921 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from I attended her at intervals for several yrs. 192 , to , 192 , that I last saw h alive on 12/12, 1921, and that death occurred on the date stated above at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Senility cause from defective kidneys.

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 192 (Address)

*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 Mt Maria DATE OF BURIAL 12/13 21

20 UNDERTAKER Dallas Rector ADDRESS Dunmor

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. 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.

11-3186