

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

PLACE OF DEATH
County *Muhlenberg*
Vol. No. *75*
Ino. Town *Drakesboro, Ky.*
City (No. *DE-1* Ward)

Registration District No. *872*
Primary Registration District No. *2437*

File No. *2127334*
Registered

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

FULL NAME *Lilian Francis Jack*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*

16 DATE OF DEATH *July 14 1918*
(Month) (Day) (Year)

6 DATE OF BIRTH *June 24 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *June 24, 1918*, to *July 14, 1918*, that I last saw her alive on *July 12, 1918*, and that death occurred on the date stated above at *4 P. m.* The CAUSE OF DEATH* was as follows:

7 AGE *20* yrs. *00* mos. *20* ds. IF LESS than 1 day... hrs. or... min.?

Dys Colitis
(Duration) *6* yrs. *00* mos. *00* ds.

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)

Contributory (SECONDARY) (Duration) *00* yrs. *00* mos. *00* ds.
(Signed) *H. D. Newman* M. D. *Sept 9, 1918* (Address) *Drakesboro*

9 BIRTHPLACE (State or country) *Drakesboro Ky*

PARENTS

10 NAME OF FATHER *Wm Morton Jack*

11 BIRTHPLACE OF FATHER (State or country) *Drakesboro Ky*

12 MAIDEN NAME OF MOTHER *Alberta Creel*

13 BIRTHPLACE OF MOTHER (State or country) *Bevier Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDE.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death *00* yrs. *00* mos. *00* ds. State *00* yrs. *00* mos. *00* ds. Where was disease contracted, if not at place of death? Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Wm Morton Jack* (Address) *Drakesboro Ky*

19 PLACE OF BURIAL OR REMOVAL *Ebenezer, Drakesboro* DATE OF BURIAL *June 27 1918*

15 Filed *7/7 1918* *J. R. Zimmerman* REGISTRAR

20 UNDERTAKER *L. Stuart, Beech Creek Ky*

WRITE PLAINLY WITH UNFADING INK--THIS IS A FORM LEFT BLANK FOR YOUR USE. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.