

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County Muhlenberg CERTIFICATE OF DEATHVot. Pct. Graham Registration District No. 7140

Inc. Town..... Primary Registration District No.....

City..... (No. St., Ward)

2 FULL NAME

Mary Jarnis

15927

File No.

Registered No. 15

(If death occurred in 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
Married
Widowed
or Divorced
(Write the year)6 DATE OF BIRTH May 27 1860
(Month) (Day) (Year)7 AGE 60 yrs. 28 mos. 28 ds.
IF LESS than 1
day hrs.
or min?8 OCCUPATION
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Ky.10 NAME OF FATHER Hugh Loney11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER America Tyson13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. L. Jarnis(Address) Graham Ky15 Filed 8/10, 1921 J. Kenney Registrar16 PLACE OF BURIAL OR REMOVAL Graham Ky DATE OF BURIAL 6/26, 192117 UNDERTAKER R. J. Beard ADDRESS Graham

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 25, 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 6/31, 1921, to 6/26, 1921, that I last saw her alive on 6/24, 1921, and that death occurred on the date stated above at 46.

The CAUSE OF DEATH* was as follows:

Typhoid Fever
(Duration) yrs. 1 mos. 15 ds.

Contributory (Secondary).....

(Signed) T. F. Edge, M. D.
6/25, 1921 (Address) Graham 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 in the State 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 Graham Ky DATE OF BURIAL 6/26, 192120 UNDERTAKER R. J. Beard ADDRESS Graham

WARREN RECEIVED FOR INDEXING

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.