

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

1 PLACE OF DEATH

County Madison

Vol. 16

Ino. Town

City

Registration District No. 4136

Primary Registration District No.

(No.) St.,

File No. **30844**

Registered No.

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

2 FULL NAME Mathe Jane Jarvis

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH, 1,

7 AGE, 53, yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Ky.

PARENTS

10 NAME OF FATHER Nathaniel Vincent

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Jessie Muller

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. E. Edwards
(Address) Hicksville

15

Filed, 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 6, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1919, to Oct. 6, 1919, that I last saw her alive on Oct. 6, 1919, and that death occurred on the date stated above at 5 A.M. The CAUSE OF DEATH* was as follows:

Cerebral Pneumonia
(Duration) 203 yrs. mos. ds.

Contributory (SECONDARY)

(Signed) W. C. Crain, M. D.
Oct. 6, 1919 (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, TENEMENTS OR RECENT RESIDENTS)
At place 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 DATE OF BURIAL, 191...

20 UNDERTAKER ADDRESS

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.