

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

1 PLACE OF DEATH

COUNTY *Macklinburg*

Vol. No. *Robertwood*

Registration District No. *7129*

Ino. Town *Leaunoy*

Primary Registration District No.

City (No.) (Ward)

2 FULL NAME *Virginia Jenkins*

File No. *26813*

Registered No. *7129*

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *1198*
(Month) (Day) (Year)

7 AGE *16* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Macklinburg, Mo.*

10 NAME OF FATHER *John H. Jenkins*

11 BIRTHPLACE OF FATHER (State or country) *Macklinburg*

12 MAIDEN NAME OF MOTHER *Nora Martin*

13 BIRTHPLACE OF MOTHER (State or country) *Macklinburg, Mo.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *John Johnson*
(Address)

15 Filed *11/12* 1914. *Shirley Williams*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct. 16th* 1914.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Sept 18*, 1914, to *Oct. 16*, 1914, that I last saw her alive on *Oct. 16*, 1914, and that death occurred on the date stated above at *11 P.m.* The CAUSE OF DEATH* was as follows:

Typhoid fever, bacillary, contracted with Bronchitis

..... (Duration) yrs. mos. ds.
Contributory *capsular Bac. pneumoniae*
(SECONDARY)

..... (Duration) yrs. mos. ds.
(Signed) *J. H. Smith*, M. D.
Nov. 9, 1914 (Address) *Cisney, 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 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 *Carter Creek Church* DATE OF BURIAL *10/17* 1914.
20 UNDERTAKER *Shirley Williams* ADDRESS *Cisney, Ky.*

N. B.—Every item of information should be carefully supplied. An informant is required to 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.