

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28676

1 PLACE OF DEATH

County MuhlenbergVot. Pct. Court HouseInc. Town GreenvilleCity GreenvilleRegistration District No. 1093Primary Registration District No. 6830(No. 1093 St., Ward)2 FULL NAME Jane Jennigan

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Leak 5 Single Married Widowed Divorced (Write the word) widow6 DATE OF BIRTH Oct 6 1894
(Month) (Day) (Year)7 AGE 81 yrs. 8 mos. 1 ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work Home-keeper
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenberg10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (State or country) unknown12 MAIDEN NAME OF MOTHER Silvey Reno13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Lewis
(Address) Greenville Ky15 Filed 1945 for 1924 OBuricklige Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 7 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to Oct 7, 1924, that I last saw him alive on Oct 6, 1924, and that death occurred on the date stated above at 11:30 m.The CAUSE OF DEATH was as follows:
PneumoniaContributory (Secondary) Laryngitis
(Duration) yrs. mos. ds.(Signed) J. W. Carey M. D.
1924 (Address) Centerville

*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 West End DATE OF BURIAL Oct 7 192420 UNDERTAKER James & George Greenville ADDRESS

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2.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.