

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **10305**County MuhlenbergVet. Pat. East BORDERSRegistration District No. 1093

Registered No. _____

Inc. Town _____

Primary Registration District No. 6852

City _____

(No. _____ St. _____ Ward)

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

2 FULL NAME Juliette Arne Jernigan

(a) Residence. No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widow
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH _____
(Month) (Day) (Year)7 AGE 73 yrs. 1 mos. 16 ds. IF LESS than 1
day _____ hrs. or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home Maker
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) _____
(State or country) Muhlenberg County, Ky.PARENTS
10 NAME OF FATHER Wm. Henry Jernigan
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Muhlenberg Co., Ky.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Unknown14 (Informant) Sion Bass Allen
(Address) Central City, Ky. Route 1.15 Filed 4/3, 1930 C. B. Wickliffe
By M. Wells Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 3, 1930, 19____
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Jan 3, 1930, to Mar 25, 1930,
that I last saw her alive on Mar 28, 1930,
and that death occurred on the date stated above at 9:30 A.
The CAUSE OF DEATH* was as follows:Tuberculosis Lungs & Bowels_____
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory _____
(Secondary) age
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. C. Woodburn, M. D.
4/3, 1930 (Address) Greenville 14

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Eaves Grave Yard DATE OF BURIAL 4/4, 193020 UNDERTAKER Creed L. Roark ADDRESS Greenville, Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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.

REMARKS REMOVED BY THE REGISTRAR