

MAKING SURE YOU FILL IN EVERY SPACE

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 language, so that it may be properly classified. If statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-35m-1-4-28
1 PLACE OF DEATH
 County Madison
 Vol. Pct. 39.5
 Inc. Town Madison
 City.....

COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 29830
 Registered No. 32

Registration District No. 1588
 Primary Registration District No. 2637

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

2 FULL NAME Sara Jane Higgins
2637

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed or Divorced Widowed
 (Write the word)
 6 DATE OF BIRTH Oct 15 1853
 (Month) (Day) (Year)
 7 AGE 72 yrs. 10 mos. 21 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) Madison Ky
 10 NAME OF FATHER Alma Vneel
 11 BIRTHPLACE OF FATHER (State or country) Don't know
 12 MAIDEN NAME OF MOTHER Elsan Adcock
 13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Sella Mason
 (Address) Madison Ky

35 Filed 9-13 1926 J. H. Kinross Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 6 1926
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased Sept 28, 1926., to Sept 6, 1926., and that I last saw her alive on Sept 6, 1926., and that death occurred on the date stated above at 3 p.m.

The CAUSE OF DEATH* was as follows:
Cancer of pyloric end of stomach, I believe
 (Duration) 2 yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.
 (Signed) D. Casseloff, M. D.
Sept 6, 1926. (Address) Madison Ky

*State the Disease Causing Death, or, in death 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 Spring Hill DATE OF BURIAL 9-7 1926

20 UNDERTAKER J. H. Kinross ADDRESS Madison Ky