

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

20477

1 PLACE OF DEATH

County *Mitchell*

Vol. *Pat. E. B. 1915*

Ino. Town

City

Registration District No. *871*

Primary Registration District No. *7132*

File No.

Registered No.

[If death occurred in a hospital or institution, give its name instead of street and number.]

2 FULL NAME *Sarah Bradley Jernigan*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *October 10, 1843*

7 AGE *71* yrs. *10* mos. *18* ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Tennessee*

10 NAME OF FATHER *Edmund S. Bradley*

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

12 MAIDEN NAME OF MOTHER *Mary Brown Bradley*

13 BIRTHPLACE OF MOTHER (State or country) *Tennessee*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *S. D. Bradley* (Address) *Greenville, Ky.*

15 Filed *8/28, 1915* *S. C. B. Wickliffe* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Aug 28, 1915*

17 I HEREBY CERTIFY, That I attended deceased from *Aug 23, 1915*, to *Aug 28, 1915*, that I last saw her alive on *Aug 25, 1915*, and that death occurred on the date stated above at *4:30* P.M. The CAUSE OF DEATH* was as follows:

Dilated heart, valvular insufficiency.

Contributory *acute mitral lesion*

(Signed) *J. S. Nelson* M. D. (Address) *Greenville, 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. State... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Wagoner Chapel* DATE OF BURIAL *8/29, 1915*

20 UNDERTAKER *Oren L. Roark* ADDRESS *Greenville, Ky.*

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. Every statement of OCCUPATION is very important. See instructions on back of certificate.