

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

23845

File No. ....

Registered No. ....

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. ....

Registration District No. 1093Inc. Town GreenvillePrimary Registration District No. 24

City .....

(No. .... St. .... Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mrs. E. J. Jones

(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.

**PARENTS AND STATISTICAL PARTICULARS**3 SEX Female 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH Jan 18 1 (Year) (Month) (Day)7 AGE 27 yrs. .... mos. .... ds. IF LESS than 1 day .... hrs. or .... min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. none  
(b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (city or town) (State or country) Muhlenberg Co., Ky.

PARENTS

10 NAME OF FATHER Jacob Groves11 BIRTHPLACE OF FATHER (city or town) (State or country) Want know12 MAIDEN NAME OF MOTHER Elizabeth Musser13 BIRTHPLACE OF MOTHER (city or town) (State or country) Want know14 (Informant) E. M. Jones (Address) Greenville 2415 10/20/19 C. B. Wickliffe. By M. Watts. Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH Oct 19, 1927 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1927 to Oct 19, 1927 that I last saw her alive on Oct 18, 1927 and that death occurred on the date stated above at 78 M.The CAUSE OF DEATH\* was as follows:  
ApoplexyContributory (Duration) .... yrs. .... mos. 2 ds.  
(Secondary) Heart Failure  
(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. D. W. ... M. D.  
(10-22, 1927) (Address) Greenville, Ky.

\*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 Green Biers Bg. DATE OF BURIAL Oct 20, 192720 UNDERTAKER M B McDonald ADDRESS Greenville

MAILED REVERSED FOR RETURNING

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 terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.