

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

1 PLACE OF DEATH

County MadisonVot. Pct. So. CarrolltonInc. Town XCity XRegistration District No. 1085Primary Registration District No. 2498File No. 23469Registered No. 15

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

2 FULL NAME

Elizabeth Jones

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 Single  
Married  
Widowed  
or Divorced  
(Write the word)Married

6 DATE OF BIRTH

December 26, 1962  
(Month) (Day) (Year)

7 AGE

66 yrs. 4 mos. 17 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)Housewife

9 BIRTHPLACE

(State or country)

Warren county Kentucky

10 NAME OF FATHER

William B Hampton11 BIRTHPLACE OF FATHER  
(State or country)Kentucky

12 MAIDEN NAME OF MOTHER

Margaret Chelph13 BIRTHPLACE OF MOTHER  
(State or country)Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Jones(Address) So. Carrollton

15

Filed May 13, 1928

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 13, 1928  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to May 13, 1928, that I last saw her alive on May 13, 1928, and that death occurred on the date stated above at Home.

The CAUSE OF DEATH\* was as follows:

Tubercle

(Duration) yrs. mos. ds.

Contributory (Secondary)

Phthisis Pulmonalis

(Duration) yrs. mos. ds.

(Signed) H. R. Barnes, M. D.May 13, 1928 (Address) So. Carrollton

\*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. d.

Where was disease contracted,

if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Beth. CemeteryMay 14, 1928

20 UNDERTAKER

ADDRESS

J. B. Tucker41. min

WRITE PLAINLY, IN 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.

ALL INFORMATION OBTAINED FROM THIS RECORD IS UNCLASSIFIED