

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14676

PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *Rosewood*

Ino. Town

City

Registration District No. *XXY 1121*

Primary Registration District No. *XXY*

(No. St., Ward)

File No.

Registered No.

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

2 FULL NAME *Jenette Jones*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *Apr 19 1919*
(Month) (Day) (Year)

6 DATE OF BIRTH *July 17 1869*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

7 AGE *49* yrs. *9* mos. *2* ds. IF LESS than 1 day... hrs. or... min.?

from 191....., to 191....., that I last saw h..... alive on..... 191.....

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

and that death occurred on the date stated above at *3* a.m. The CAUSE OF DEATH was as follows:
Engura pectoris

9 BIRTHPLACE (State or country) *Rogan Co. Ky.*

(Duration) *2* yrs. mos. ds.

PARENTS

10 NAME OF FATHER *Woody Chandler*

Contributory (SECONDARY) *Madness*

11 BIRTHPLACE OF FATHER (State or country) *Dont know*

(Duration) *9* yrs. mos. *30* ds.

12 MAIDEN NAME OF MOTHER *Ruth Trail*

(Signed) *W. H. Sloan*, M. D. *Apr 11 1919* (Address) *Greenwell Ky.*

13 BIRTHPLACE OF MOTHER (State or country) *Dont know*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *B. H. Jones*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN-SIENTS OR RECENT RESIDENTS) At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

(Address) *Greenwell Ky.*

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

15 Filed *Apr 19 1919* *O. B. Wiegman* REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *Green Bury Pky.* DATE OF BURIAL *Apr 20 1919*

20 UNDERTAKER *McDonald & Admitt* ADDRESS *Greenwell*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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