

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

1 PLACE OF DEATH

County Wendenburg

File No.

Vot. Pct. Registration District No. 1086

Registered No. 6

Inc. Town Bremen Primary Registration District No. 2869

City (No. St., Ward)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEATH

2 FULL NAME Sarah Jones

(a) Residence. No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE M 5 Single Married Widowed or Divorced (Write the word)

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

6 DATE OF BIRTH April 15 1896
(Month) (Day) (Year)

7 AGE 62 yrs. 9 mos. 29 ds. IF LESS than 1 day hrs or min?

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

9 BIRTHPLACE (city or town) (State or country) Ky

PARENTS 10 NAME OF FATHER Joseph Garrett 11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky 12 MAIDEN NAME OF MOTHER Susan Humphrey 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 (Informant) R.C. Jones (Address) Bremen Ky

15 Filed Mar 11, 1931 Dollie Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 14 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 14, 1931, that I last saw her alive on Feb 12, 1931, and that death occurred on the date stated above at 6 a m. The CAUSE OF DEATH* was as follows:

Chronic nephritis
(Duration) 3 yrs. 13 mos. 13 ds.
Contributory (Secondary) Chronic
(Duration) yrs. 5 mos. 5 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) Parsons Howard Burns, M. D.
Feb 14, 1931 (Address) Central City

*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 Wt. Riggs DATE OF BURIAL 2/10 1931

20 UNDERTAKER J.P. Recker ADDRESS Bremen Ky

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. That it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.