

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

2190

PLACE OF DEATH
County Wooldenburg
Vol. Pot. # 5 Registration District No. 272
Inc. Town Drakesboro Primary Registration District No. 2437
City (No. _____) St., _____ Ward _____
FULL NAME Letha Jordan

File No. _____
Registered No. 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE Negro
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH _____
(Month) (Day) (Year)
7 AGE 13 yrs. _____ mos. _____ ds.
IF LESS than 1 day... hrs. _____ min.
8 OCCUPATION
(a) Trade, profession, or particular kind of work. Servant
(b) General nature of industry, business or establishment in which employed (or employer) House work

16 DATE OF DEATH Jan 16 1920
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1920, to Jan 16, 1920, that I last saw him alive on Jan 16, 1920, and that death occurred on the date stated above at 11 p.m. The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

9 BIRTHPLACE (State or country) Drakesboro, Ky.
10 NAME OF FATHER Tilman Jordan
11 BIRTHPLACE OF FATHER (State or country) Ky.
12 MAIDEN NAME OF MOTHER Bettie Mason
13 BIRTHPLACE OF MOTHER (State or country) Ky.

(Duration) _____ yrs. _____ mos. 5 ds.
Contributory (SECONDARY) _____
(Signed) H. M. Newman
Jan 16, 1920 (Address) Drakesboro, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Clarke
(Address) Drakesboro, Ky.

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

15 Filed 1/18, 1920 J. R. Kimmel
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Smiths Cemetery
Drakesboro, Ky. DATE OF BURIAL Jan 17, 1920
20 UNDERTAKER J. R. Kimmel ADDRESS Drakesboro, Ky.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.