

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Muhlenberg Co
 Vol. Fol. _____
 Ina. Town Leasure
 City Leasure Ky (No. _____ St. _____ Ward _____)

Registration District No. 870
 Primary Registration Dist. No. 7158

File No. 12069
 Registered No. 18

2 FULL NAME Jessie Elizabeth Kincheloe

(If death occurred in a hospital or institution, give the block number of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
 6 DATE OF BIRTH Aug 17 1915
 (Month) (Day) (Year)
 7 AGE 7 yrs 7 mos 19 ds If LESS than 1 day...hrs. or...min.?

16 DATE OF DEATH 4 5 1914
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-24 1914, to 4-5 1914, that I last saw her alive on 4-4 1914, and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:
Peritonitis

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

(Duration) yrs. mos. ds. 10 ds.

9 BIRTHPLACE (State or country) Leasure City Ky

Contributory Antisepsis
 (Duration) yrs. mos. ds. 7 mos. ds.

10 NAME OF FATHER Joe Kincheloe

(Signed) Floyd H. Lake M. D.
April 5 1914 (Address) Central City

11 BIRTHPLACE OF FATHER (State or country) Ohio County Ky

12 MAIDEN NAME OF MOTHER Addie Atherton

13 BIRTHPLACE OF MOTHER (State or country) Ohio County Ky

*State the Disease Causing Death, or its death from Violent Cause, 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 _____ In the _____ State _____ yrs. mos. ds. _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Joe Kincheloe (Address) Leasure City Ky

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

15 May 11 1914 O. L. Blandford Registrar

19 PLACE OF BURIAL OR REMOVAL Central City DATE OF BURIAL April 6 1914

20 UNDERSTAND? William Moore ADDRESS Central City

U. S. - Every item of information on this certificate is of great importance. AGE should be stated in FULLY. FIVE-DIGIT numbers should state. STATE OF DEATH in plain language, so that it may be properly classified. In statement of OCCUPATION is very important. See instructions back of certificate.