

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

19220

PLACE OF DEATH

County MuhlenbergVol. No. 33Registration District No. 088Inc. Town DrakesboroPrimary Registration District No. 2100

City

St. _____ Ward _____

FULL NAME Lillie D. Kinkead

File No. _____

Registered No. 84

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 14 1870
(Month) (Day) (Year)

7 AGE 54 yrs. 9 mos. 19 ds.
IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Butler Co Ky

10 NAME OF FATHER Richard Arnold

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Jane Adkins

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Kinkead

(Address) Drakesboro

Filed Aug 30 1924 Registrar J. R. Kinmel

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 2 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 1 1924 to Aug 2 1924 that I last saw him alive on Aug 2 1924 and that death occurred on the date stated above at 9:30 m.

The CAUSE OF DEATH* was as follows:
Cancer of Breast
(Duration) 4 yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. D. Neuman M. D.
Aug 2 1924 (Address) Drakesboro

*State the Disease Causing Death, or, in deaths from Violence 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. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Farmer or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Butler Co Ky DATE OF BURIAL Aug 3 1924

20 UNDERTAKER J. R. Kinmel ADDRESS Drakesboro 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 certificate.