

## 1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty MuhlenbergVot. Pct. Paradise Ky

Inc. Town.....

City.....

Registration District No. 1089Primary Registration District No. 6873(No. Rhoda St. .... Ward)File No. 3521Registered No. 1

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

2 FULL NAME Mrs. Annie Kipling

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single single  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH 10 27 1866  
(Month) (Day) (Year)7 AGE 66 yrs 3 mos 4 ds.  
IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work. House Keeper  
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Muhlenberg KyPARENTS  
10 NAME OF FATHER Robt Kipling  
11 BIRTHPLACE OF FATHER (State or country) England  
12 MAIDEN NAME OF MOTHER Siddle  
13 BIRTHPLACE OF MOTHER (State or country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Kipling  
(Address) Paradise, Ky15 Filed Jan 27, 1929 Martha R. Fox  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 26, 1929  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Jan 26, 1929, that I last saw him alive on Jan 26, 1929, and that death occurred on the date stated above at 6:00 p.m.The CAUSE OF DEATH\* was as follows:  
Valvular Heart Disease  
(Duration) ..... yrs. .... mos. .... ds.  
Contributory Over Exertion  
(Secondary) (Duration) ..... yrs. .... mos. .... ds.(Signed) Lawson G. Gentry, M. D.  
Jan 26, 1929 (Address) Paradise, Ky

\*State the Disease/Causing Death, or in deaths from Violent 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?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
North Paradise, Ky 1-28-192920 UNDERTAKER J. K. Kin... ADDRESS Ar...