

1 PLACE OF DEATH

County Muhlenburg

Vot. Prec. So. Carrollton Ky.

Incl. Town So. Carrollton Ky.

City _____ (No. _____) St. _____ Ward _____

2 FULL NAME Emma Catherine Kittinger

File No. 213562

Registers No. 614

(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, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH March 30, 1863
(Month) (Day) (Year)

7 AGE 49 yrs. 1 mos. 20 ds. If LESS than 1 day ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Muhlenburg Co. Ky.

10 NAME OF FATHER Alexander Kittinger

11 BIRTHPLACE OF FATHER (State or country) Muhlenburg Co. Ky.

12 MAIDEN NAME OF MOTHER Silvia Ann McConnell

13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alvin Brown

(Address) So. Carrollton

15 Filed 5/20, 1912 A. B. Hooper

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 20, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from May 17, 1912, to May 20, 1912, that I last saw her alive on May 20, 1912, and that death occurred, on the date stated above, at 11:30 AM

The CAUSE OF DEATH* was as follows:
General Nervous breakdown & has had Anuraemia for several years (Duration) ____ yrs. ____ mos. ____ ds.
Contributory Anaemia (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. R. Jarner M. D. May 20, 1912 (Address) So. Carrollton Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANSION 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. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL So. Carrollton ^{Cemetery} ~~cut road~~ DATE OF BURIAL 5/21, 1912

20 UNDERTAKER Wm. Hackett ADDRESS So. Carrollton

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.