

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

File No. 28904

County Mullensberg
Vol. No. #6
Ins. Town Drakesboro

Registration District No. 1088
Primary Registration District No. 2487

Registered No. 49

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

City (No. St. Ward)

2 FULL NAME Mary Elizabeth Lam

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

16 DATE OF DEATH Nov 12, 1923
(Month) (Day) (Year)

6 DATE OF BIRTH Nov 7, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1923, to Nov, 1923, that I last saw him alive on Nov, 1923, and that death occurred on the date stated above at 3 P.

7 AGE _____ yrs. _____ mos. 5 ds. IF LESS than 1 day _____ hrs. or _____ min?

The CAUSE OF DEATH* was as follows:
Spinae Bifida.
(Ruptured sac)
(Duration) _____ yrs. _____ mos. _____ ds.

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)

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

9 BIRTHPLACE (State or country) Drakesboro Ky.

PARENTS

10 NAME OF FATHER L. Virgil Lam

11 BIRTHPLACE OF FATHER (State or country) Greenville Ky.

12 MAIDEN NAME OF MOTHER Eunice Staples

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

(Signed) H. D. Newman
Nov 12 1923 (Address) Drakesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. Virgil Lam

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 _____

(Address) Drakesboro Ky.

19 PLACE OF BURIAL OR REMOVAL Drakesboro Ky. DATE OF BURIAL Nov 12 1923

15 Filed 11-17, 1923 J. R. Kimmel Registrar

20 UNDERTAKER J. R. Kimmel ADDRESS Drakesboro Ky.

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

N. B.—Every item of information should be correctly applied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. E. S. is very important. See instructions on back of certificate.