

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenburg

Vet. Pot. Period

Inn. Town

City (No. St.; Ward)

FULL NAME Mary Jane Lathan

File No. 16497

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

4 DATE OF BIRTH Nov. (Month) 12 (Day) 1914 (Year)

7 AGE 21 yrs. 2 mos. 4 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Butter Co Ky

10 NAME OF FATHER William F. Rieder

11 BIRTHPLACE OF FATHER (State or country) Muhlenburg Co

12 MAIDEN NAME OF MOTHER Mary J. Rieder

13 BIRTHPLACE OF MOTHER (State or country) Butter Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Rieder
(Address) Beach Creek

15 Filed July 2, 1914 W. B. Dewey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH June 24, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1913, to June, 1914, that I last saw her alive on June 22, 1914, and that death occurred, on the date stated above, at P. m. The CAUSE OF DEATH* was as follows:

Tuberculosis Throat
(Duration) 2 yrs. mos. ds.

Contributory Nursed her mother
(Secondary) with her (Duration) yrs. mos. ds.

(Signed) J. S. Turner, M. D.
June 21, 1914 (Address) Tammes Ky

*While the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(17) 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
20 UNDERTAKER ADDRESS