

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

PLACE OF DEATH
County Muhlenberg
Vol. #18 Registration District No. 870
Inc. Town Central City Primary Registration District No. 7138
City (No. St. Ward)

File No. 21570
Registered No. 235

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

FULL NAME Josephine Laurance

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

DATE OF BIRTH April 14, 1951
(Month) (Day) (Year)

AGE 65 yrs. 4 mos. 4 ds. IF LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) McCracken Co.

PARENTS 10 NAME OF FATHER J. S. Vossler

11 BIRTHPLACE OF FATHER (State or country) France

12 MAIDEN NAME OF MOTHER Jedine Foutine

13 BIRTHPLACE OF MOTHER (State or country) France

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. A. Wilkins
(Address) Central City, Ky.

15 Filed Sept. 9, 1916 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 18, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1916, to Aug 18, 1916, that I last saw h. alive on Aug 18, 1916, and that death occurred on the date stated above at 1:24 p.m. The CAUSE OF DEATH* was as follows:

Iller Colitis

(Duration) 14 yrs. 1 mos. 4 ds.

Contributory (SECONDARY) (Duration) 14 yrs. 1 mos. 4 ds.
(Signed) Samuel Woodberry, M. D.
(Address) Central City, 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 14 yrs. 1 mos. 4 ds. In the State 14 yrs. 1 mos. 4 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Deer Creek DATE OF BURIAL Aug 17, 1916

20 UNDERTAKER Master Mason Central City, Ky. ADDRESS

MAILED RESERVED FOR RECORDS

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

No. 5.—Every item of information should be carefully supplied. All names should be spelled EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly abstracted. Exact statement of OCCUPATION is very important. See instructions on back of certificate.