

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

1 PLACE OF DEATH
County Martin
Vol. No. South Ward
Loc. Town Central City
City Central City (No.) (St.) (Ward)

Registration District No. 70
Primary Registration Dist. No. 2436

File No. 23285
Registered No. 47

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

2 FULL NAME Mrs. America Angeline Leach

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow

6 DATE OF BIRTH April 22 1840
(Month) (Day) (Year)

7 AGE 72 yrs. 4 mos. 20 ds. If LESS than 1 day... hrs, or... min.?

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

9 BIRTHPLACE (State or country) Butler Co. Kentucky

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Phegley

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

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

15 FILED Sept 19 1912 L. Blandin REGISTRAR
W. H. Murray DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 12, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1912, to Sept 12, 1912
that I last saw her alive on Sept 12, 1912
and that death occurred, on the date stated above, at Home.

The CAUSE OF DEATH* was as follows:
Thrombosis exten
colitis and acesin
Nephritis
(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Harry L. Deady, M. D.
Sept 12, 1912 (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
(15) 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

18 PLACE OF BURIAL OR REMOVAL Prichard Center DATE OF BURIAL Sept 12, 1912

19 UNDERTAKER Martin Moore ADDRESS Central City, Ky.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be correctly reported. AGE should be stated IN YEARS, FRACTIONS should state CAUSE OF DEATH in plain talk, so that it may be properly classified. Exact amount of OCCUPATION is very important. See instructions on back of certificate.