

1 PLACE OF DEATH

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

26269

File No.

Registered No.

County Muhlenberg
Vot. Pct.
Inc. Town Greenville
CityRegistration District No. 1093Primary Registration District No. 0819

(No. St. Ward)

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

2 FULL NAME Mrs Ida Lewis

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Married
Married married
Widowed
or Divorced
(Write the word)6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH Dec 23
(Month) (Day) 1 (Year)7 AGE 54 yrs. 10 mos. 23 ds. IF LESS THAN 1
day hrs.
or min?

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER Todd Co. Ky
James Mc Ghee11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't know12 MAIDEN NAME OF MOTHER Rebecca Patton13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't know14 (Informant) F. H. Lewis
(Address) Greenville Ky15 Filed 11/6/27 19 C. B. Wichiffe,
By M. Wells, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 15, 1927
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Oct 23, 1925, to Nov 15, 1927
that I last saw him alive on Nov 15, 1927
and that death occurred on the date stated above at 9 A. M.
THE CAUSE OF DEATH* was as follows:
Cancer of UterusContributory (Duration) 2 yrs. mos. ds.
(Secondary) Cancer

(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. R. Galt, M. D.
Nov 20 19 27 (Address) Greenville Ky

*State the Disease Causing Death, or, in deaths from Violent Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Greenville Ky Nov 16, 19 27

20 UNDERTAKER

M. C. McDonald ADDRESS Greenville Ky

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

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 placement of OCCUPATION is very important. See instructions on back of certificate.

Do Not