

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

4826

2

1 PLACE OF DEATH

County Middleburg

File No.

Vet. Pot.

Registration District No. 1086Registered No. 17Ino. Town BremenPrimary Registration District No. 6813

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

City (No. St., Ward)

2 FULL NAME Mary Caroline Lewis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH Jan. 10, 1902
(Month) (Day) (Year)7 AGE 66 yrs. 28 mos. 8 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Home Work
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) ky10 NAME OF FATHER Thomas Parland11 BIRTHPLACE OF FATHER (State or country) ky12 MAIDEN NAME OF MOTHER Louise Vincent13 BIRTHPLACE OF MOTHER (State or country) ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. D. Lewis(Address) Bremen ky15 Filed Mar 10, 1928 L. M. Robertson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 7, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928, to Feb 7, 1928, that I last saw him alive on Feb 6, 1928, and that death occurred on the date stated above at 6 a. m. The CAUSE OF DEATH* was as follows:Lobar Pneumonia

(Duration) ... yrs. ... mos. ... ds.

Contributory Nephritis(Duration) 2 yrs. ... mos. ... ds.(Signed) C. Lawrence Stoddard, M. D.

....., 191... (Address).....

*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 ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Shaver Chapel DATE OF BURIAL 2-8, 192820 UNDERTAKER J. B. Tucker ADDRESS Bremen ky