

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

2191

PLACE OF DEATH

County *Muhlenberg*Vot. Prec. *Brewer 42*Ino. Town *Brewer Ky*

City

Registration District No. *2-7-1-1-2*

Primary Registration District No.

(No. St., Ward)

File No.

Registered No. *26*
 [If death occurred in a
 hospital or institution,
 give its NAME instead of
 street and number.]

 FULL NAME *Janey Elizabeth Lewis*

PERSONAL AND STATISTICAL PARTICULARS

 SEX *Female* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
 (Write the word)

 DATE OF BIRTH *July 10, 1857*
 (Month) (Day) (Year)

 AGE *68 yrs. 5 mos. 24 ds.* IF LESS than 1 day ... hrs. or ... min.?
 (Write the word)

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

 BIRTHPLACE (State or country) *Ky Muhlenberg Co*

 NAME OF FATHER *Charley Vincent*

 BIRTHPLACE OF FATHER (State or country) *Va*

 MAIDEN NAME OF MOTHER *Elizabeth Hiley*

 BIRTHPLACE OF MOTHER (State or country) *Va*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *B. H. Caskey*(Address) *Brewer Ky*
 Filed *Jan 5, 1920* *M. Long* REGISTERED

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH *January 4, 1920*
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from *Sept 1, 1919, to Jan 3, 1920*, that I last saw him alive on *Jan 3, 1920*, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:
Emphysema of right breast

 Contributory (SECONDARY) (Duration) *1 yrs. 6 mos. 2 ds.*

 (Signed) *T. R. Roberts*, M. D.

 1-4-20, 1920 (Address) *Brewer Ky*

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

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

 PLACE OF BURIAL OR REMOVAL *Shaver Chapel* DATE OF BURIAL *Jan 5, 1920*

 UNDERTAKER *J. B. Tucker* ADDRESS *Brewer Ky*