

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF BIRTH

County MuskelungVot. Prec. West Wagon

Inc. Town

City

Registration District No. 871Primary Registration Dist. No. 7123File No. 23297Registered No. 78FULL NAME Etta Lile

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>
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6 DATE OF BIRTH
No record7 AGE
78 yrs. mos. ds. If LESS than 1 day hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country)
Christian Co. Ky10 NAME OF FATHER
Devine Grace

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER
Annie Hardins

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. J. Harrison
(Address) Germville15
FILED SEP. 3 - 1912 at W. H. Franklin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Sept 3, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1912, to Sept 3, 1912, that I last saw him alive on Aug 25, 1912 and that death occurred, on the date stated above, at.....m.The CAUSE OF DEATH* was as follows:
Patient fell and fractured hip and died from result of surgery.Contributory (Duration) yrs. mos. ds.
(Signed) L. P. Moore, M. D.
Sept 3, 1912 (Address) Germville 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 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL
Rock Bridge DATE OF BURIAL
Sept 3, 191220 UNDERTAKER
M. B. McDonald ADDRESS
Germville Ky

WRITE FAMILY, WITH CHANGING NAME—THIS IS A PERMANENT RECORD

B. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain talk, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.