

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. Pat. West Baggas / Registration District No. 871File No. 25173Inc. Town ..... Primary Registration Dist. No. 71.3.3Registered No. 75City ..... (No. .... St.) ..... Ward .....  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Mary J. Lile

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(Write the word)6 DATE OF BIRTH ..... 1 .....  
(Month) (Day) (Year)7 AGE 82 yrs. .... mos. .... ds. If LESS than 1 day .... hrs. or .... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) State of Tenn.PARENTS  
10 NAME OF FATHER Lile  
11 BIRTHPLACE OF FATHER (State or country) Virginia  
12 MAIDEN NAME OF MOTHER not known  
13 BIRTHPLACE OF MOTHER (State or country) .....14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. T. Lile  
(Address) Bancroft St.15 Sept. 24, 1913 V. H. Muschler  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 23, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1913, to Aug. 16, 1913, that I last saw her alive on Aug. 16, 1913, and that death occurred, on the date stated above, at 10 P.M.  
The CAUSE OF DEATH\* was as follows:  
Sensibility  
(Duration) 2 yrs. .... mos. .... ds.  
Contributory (SECONDARY) ..... (Duration) .... yrs. .... mos. .... ds.  
(Signed) E. B. Gant M. D.,  
9/24/13 (Address) Greenville, 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 residence .....

19 PLACE OF BURIAL OR REMOVAL Lile Burying Ground DATE OF BURIAL Sept. 24, 1913  
20 UNDERTAKER McDonald & D. Witt ADDRESS Greenville, Ky.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain words, so that it may be properly classified. A statement of OCCUPATION is very important. See instructions on back of certificate.  
11-5184