

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. No. Greenwell #14 Registration District No. 2134File No. 15786

Inc. Town..... Primary Registration Dist. No.....

Registered No. 11

City..... (No....., St. j..... Ward)

2 FULL NAME Helena Loney

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

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 6 / 16 / 1912
(Month) (Day) (Year)7 AGE 5 yrs. 5 mos. 5 ds. If LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenberg co Ky10 NAME OF FATHER Almas Loney11 BIRTHPLACE OF FATHER (State or country) Muhlenberg co, Ky12 MAIDEN NAME OF MOTHER Luvia Tyson13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg co, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Stuel
(Address) Greenville R#1 Ky15 Filed 6/27/12 S. S. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 / 21 / 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1912 to 1912,that I last saw him alive on 1912,and that death occurred, on the date stated above, at 11⁰⁰ a.m.

The CAUSE OF DEATH* was as follows:

Transition due to the lack of nourishment(Duration) 0 yrs. 0 mos. 0 ds.Contributory (Secondary) (Duration) 0 yrs. 0 mos. 0 ds.(Signed) F. J. Edge M. D.6/27/12 (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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Pleasant Hill cemetery June 27, 1912

20 UNDERTAKER ADDRESS

Ronally Tyson Greenville R#1 Ky

WRITE PLAINLY. WITH CAREFUL MEASUREMENTS TO A PHYSICIAN'S ASSISTANT.

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