

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

## 1 PLACE OF DEATH

County Jefferson

Vol. Fol. \_\_\_\_\_

Ine. Town \_\_\_\_\_

City Louisville(No. 619 815)

St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 050Primary Registration Dist. No. 2275File No. 1408Registered No. 17

## 2 FULL NAME

Essie Malone

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE C 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)7 AGE 34 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work house keeping  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Riley Lewis11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Julia Ware13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Mason(Address) 8 E. S. Preston15 JAN 4 1912  
Filed \_\_\_\_\_ 1912, 191 W D Hays

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 2, 1912  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That, attended deceased from \_\_\_\_\_  
to Jan 2, 1912  
that I last saw her alive on Jan 2, 1912

and that death occurred, on the date stated above, at \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:

Endocarditis6 weeks (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory Rheumatism  
(SECONDARY)

\_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) E. S. Porter, M. D.Jan 3, 1912 (Address) 573 E. 10th

\*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 \_\_\_\_\_ 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 DATE OF BURIAL

Greenhill Ky Jan 4 1912

20 UNDERTAKER ADDRESS

J H Hankins 830 S. Preston

WRITE PLACE WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. R.—Every item of information should be carefully supplied. 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.