

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County MuhlenbergVol. East Bagget 1

Inc. Town _____

City Greenville(No. 871-2436)

St. _____ Ward _____

File No. 20735Registered No. 76

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

FULL NAME Margaret Frances Briggs McCown

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
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6 DATE OF BIRTH
October 17, 1831
(Month) (Day) (Year)

7 AGE
80 yrs. 10 mos. 11 ds.
If LESS than 1 day— hrs. or— min.?

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

9 BIRTHPLACE (State or country)
Tennessee

PARENTS	10 NAME OF FATHER <u>Briggs</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>
	12 MAIDEN NAME OF MOTHER <u>Not known</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tennessee</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert McCown
(Address) Greenville, Ky.

15

Filed Aug 29 1912 W. H. Trautman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
August 28, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to Aug 27, 1912, that I last saw h_____ alive on Aug 27, 1912, and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

Old age

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary)
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. P. Mason, M. D.
Aug 28 1912 (Address) Greenville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, the (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
Crittenden Graveyard

DATE OF BURIAL
August 29, 1912

20 UNDERTAKER
Oren L. Roark
ADDRESS
Greenville, Ky.

STATE PLANS, WITH CHANGES HERETO IS A FEDERAL DESIGN

U. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.