

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7343

1 PLACE OF DEATH  
County Warrick

File No. ....

Vet. Pct. F 32Registration District No. 1088Registered No. 6Inc. Town ShakerstonPrimary Registration District No. 2437

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

City 14 Mary (No. Q) St., Ward2 FULL NAME Mrs. Belle McDougall

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 Single  Married  Widowed  or Divorced  (Write the word)

6 DATE OF BIRTH January 1 1906  
(Month) (Day) (Year)

7 AGE 13 yrs. 1 mos. 8 da.  
IF LESS than 1 day: \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

16 DATE OF DEATH Feb 9 1929  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1929 to Feb 9 1929, that I last saw her alive on Feb 8 1929, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

tuberculosis of the lungs.(Duration) 2 yrs. .... mos. .... da.

Contributory (Secondary) \_\_\_\_\_

(Duration) 1 yrs. .... mos. .... da.(Signed) J. D. Curdick, M. D.  
2-10 1929 (Address) Shakerston 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. .... da. In the State \_\_\_\_\_ yrs. .... mos. .... da. Where was disease contracted,

if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Central City (Crem.) 2-12 1929

20 UNDERTAKER

J. K. Kimmel ADDRESS Shakerston

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. H. Rice(Address) Shakerston Ky25 Filed 2-11 1929 J. K. Kimmel Registrar

WRITE PLAINLY, UNFADING INK—THIS IS NOT AN ORDINARY FORM. It should be filled out by a physician or other person who has attended the deceased. It should be filled out as soon as possible after death. It should be filled out in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—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.