

1 PLACE OF DEATH

County MuhlenbergVot. Pow. F 22Inc. Town T. Bellon

City

(No.)

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 842Primary Registration District No. 8421File No. 24014

Registered No.

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

2 FULL NAME Catharina Agnes McPherson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Fr</u>	4 COLOR OR RACE <u>Hr</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
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6 DATE OF BIRTH

2 29, 1873
(Month) (Day) (Year)

7 AGE

12 yrs. 6 mos. 28 ds.IF LESS than
1 day... hrs.
or... min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work.....
(b) General nature of industry
business or establishment in
which employed (or employer) House wife9 BIRTHPLACE
(State or country)Louis Ky
John Blaugh
Ky

PARENTS

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. A. McPherson
(Address) Yost Ky

15

Filed 9/27, 1916 by M. E. Beasley

REGIST.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

9 27, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from 9/17, 1916, to 9/27, 1916,
that I last saw her alive on 9/26, 1916,
and that death occurred on the date stated above
at 11:30 AM. The CAUSE OF DEATH was as follows:House away accident

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

Contributory
(SECONDARY)

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

(Signed) E. M. Beasley, M. D......, 1916. (Address) Pelham

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state

(1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

20 ADDRESS OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS-

GENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Hogel Creek DATE OF BURIAL 9/28, 1916

20 UNDERTAKER

D. H. Street ADDRESS Beech Creek