

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

2506

## 1 PLACE OF DEATH

County *Muhlenberg*Vol. Pot. *Emmis*Registration District No. *7-1-7*

Ino. Town

Primary Registration District No. *7*

City

(No. *1* St., *1* Ward)

2 FULL NAME

*Lena McPherson*

File No. ....

Registered No. *2*

[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 *married*  
(Write the word)6 DATE OF BIRTH *Dec 10 1870*  
(Month) (Day) (Year)7 AGE *46* yrs. *24* mos. *24* 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 wife*9 BIRTHPLACE (State or country) *Butler County Ky*10 NAME OF FATHER *Huppa Gumb.*11 BIRTHPLACE OF FATHER (State or country) *Butler County Ky*12 MAIDEN NAME OF MOTHER *Julia Rener*13 BIRTHPLACE OF MOTHER (State or country) *Butler Co Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Arady McPherson*  
(Address) *Emmis 745*15 Filed *1-16, 1917* *J. C. Fleming*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 3 1917*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Dec 4*, 191*6*, to *Jan 3*, 191*7*, that I last saw her alive on *Jan 1*, 191*7*, and that death occurred on the date stated above at *2* a.m. The CAUSE OF DEATH\* was as follows:*Thyphoid fever*(Duration) ... yrs. ... mos. *30* ds.

Contributory (SECONDARY) .....

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

(Signed) *McPherson* M. D.  
*Jan 3, 1917* (Address) *Rochester 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. ... 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 DATE OF BURIAL

*Hamilton Grove* *Jan 4, 1917*

20 UNDERTAKER ADDRESS

*P R Manley & Bro. Rochester Ky*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.