

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

PLACE OF DEATH

County *Muhlenberg*Vot. Prec. *Beech Creek*Inq. Town *H 22*City *-*Registration District No. *822*Primary Registration District No. *7254*(No. *8421* St.,File No. *27937*Registered No. *37*

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

FULL NAME *Sarah McPherson*

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widowed*

6 DATE OF BIRTH *June 19, 1872*
(Month) (Day) (Year)

7 AGE *73* 5 mos. no. ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Muhlenberg Co, Ky*

10 NAME OF FATHER *Wilfred Arnold*

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER *Polly Ewing*

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *R. B. Marrie*

(Address) *Beech Creek, Ky*

15 Filed *12-8*, 1915 *J. H. Kins...* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov. 19, 1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov. 17*, 1915, to *Nov. 19*, 1915, that I last saw her alive on *Nov. 18*, 1915, and that death occurred on the date stated above at *11/8* a.m. The CAUSE OF DEATH* was as follows:

Leukemia, Endocarditis
unknown (Duration).... yrs.... mos.... ds.

Contributory (SECONDARY) (Duration).... yrs.... mos.... ds.

(Signed) *R. B. Marrie*, M. D.
Nov. 19, 1915 (Address) *Beech Creek, 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 *Green Hill* DATE OF BURIAL *Nov. 20, 1915*

20 UNDERTAKER *L. H. Stuart* ADDRESS *Beech Creek Ky*