

PLACE OF DEATH

County

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Vol. No.

Inc. Town

City

(No.

St.

Ward)

FULL NAME

File No. 23305

Registered No. 72

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female	2 COLOR OR RACE White	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
4 DATE OF BIRTH May 29, 1853 (Month) (Day) (Year)		
7 AGE 59 yrs. 3 mos. 10 ds.		IF LESS than 1 day... hrs. or... min.?
5 OCCUPATION (a) Trade, profession, or particular kind of work House Keeper (b) General nature of industry, business, or establishment in which employed (or employer)		
6 BIRTHPLACE (State or country) Ky		
PARENTS	10 NAME OF FATHER White Luskis	
	11 BIRTHPLACE OF FATHER (State or country) W. Va.	
	12 MAIDEN NAME OF MOTHER Betty Harris	
	13 BIRTHPLACE OF MOTHER (State or country) Ky	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 9-8-12

11-5124

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

Aug 31, 1912, to Sept 7, 1912,

that I last saw her alive on Sept 7, 1912,

and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Nephritis
(Duration) 1 yrs. 6 mos. — ds.

Contributory

(Duration) — yrs. — mos. — ds.

(Signed) J. H. Thomas, M. D.
Aug 31, 1912 (Address) Cleaton, Ky.

*Indicate the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER 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,

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Benton, Grayford Sept 8, 1912

20 UNDERTAKER

ADDRESS

J. H. Thomas Cleaton, Ky.