

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. Drakesboro

Ino. Town.....

City..... (No..... St.,..... Ward)

Registration District No. XXV 832

Primary Registration District No. XXV

File No. 14670

Registered No.....

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

2 FULL NAME Oliver Mitchell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

6 DATE OF BIRTH....., 1..... (Month) (Day) (Year)

7 AGE about 52 yrs..... mos..... ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Housekeeper (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 Jake Wells

11 BIRTHPLACE OF FATHER (State or country) Muh. Co. Ky

12 MAIDEN NAME OF MOTHER Sis Swinty

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mildred Cadington

(Address) Greenville Ky

15 Filed 4/2, 1919 W. H. H. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 2, 1919 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 2, 1919, to Apr 2, 1919, that I last saw her alive on Apr 2, 1919, and that death occurred on the date stated above at 5:00 m. The CAUSE OF DEATH was as follows:

Pneumonia

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

Contributory (SECONDARY) Influenza

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

(Signed) R. E. Grace, M. D. Apr 2, 1919. (Address) Greenville 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 Oliver Grove Ky DATE OF BURIAL Apr 3, 1919

20 UNDERTAKER McDonald & Smith ADDRESS Greenville Ky

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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.