

12029

Form V. S. 1-125m-4-19-19

COMMONWEALTH OF KENTUCKY

Board of Health
BUREAU OF VITAL STATISTICS
OFFICE OF DEATH

1 PLACE OF DEATH
County Mackinaw
Vot. Pot.....
Ino. Town.....
City Central City

Registration District No. 1087
Primary Registration District No. 2435
(No. St. Ward)

File No. [Redacted]
Registered No. 25

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

2 FULL NAME Mrs Jennie Morrison

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Mar 21 1883
(Month) (Day) (Year)

7 AGE 87 yrs. - 13 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).....

9 BIRTHPLACE (State or country) U. S.

PARENTS
10 NAME OF FATHER Nathaniel Mercer
11 BIRTHPLACE OF FATHER (State or country) U. S.
12 MAIDEN NAME OF MOTHER Polly Costello
13 BIRTHPLACE OF MOTHER (State or country) U. S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs John Lawton
(Address) Central City Ky

15 Filed 4/10, 1923. W. L. Shuffert Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 4, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-3-, 1923, to 4-4-, 1923, that I last saw her alive on 4-3-, 1923, and that death occurred on the date stated above at 12:30 m.

The CAUSE OF DEATH* was as follows:
Hypertensive Pneumonia

(Duration) yrs. mos. 3 ds.
Contributory (Secondary) Age
(Duration) yrs. mos. ds.
(Signed) F. J. Kelly, M. D.
(Address) Central City 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 yrs. mos. ds. In the State yrs. mos. d.
Where was disease contracted,
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL South Carratton DATE OF BURIAL 4/5, 1923

20 UNDERTAKER More and Co ADDRESS Central City

EXACTLY. PHYSICIANS should be stated. Exact statement of OCCUPATION is should be properly classified. See instructions on back of certificate. N. B.—Every item of information should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate.