

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

PLACE OF DEATH  
County Wetherberg  
Vol. No. Nelson Creek  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 13988

Registered No. \_\_\_\_\_

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

FULL NAME Fannie Moppin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Female  
2 COLOR OR RACE colored  
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

10 DATE OF DEATH May 30, 1913  
(Month) (Day) (Year)

6 DATE OF BIRTH June 1, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1913, to \_\_\_\_\_, 191...

7 AGE 59 yrs. 00 mos. 2 ds.  
If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

that I last saw her alive on May 30, 1913 and that death occurred, on the date stated above, at 20 m.

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

The CAUSE OF DEATH\* was as follows:

Apoplexy

9 BIRTHPLACE (state or country) Paradise

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Old age

10 NAME OF FATHER unknown

(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

11 BIRTHPLACE OF FATHER (State or country) unknown

(Signed) W. H. Wilson, M. D.

12 MAIDEN NAME OF MOTHER Fannie Jackson

May 30 1913 (Address) Wheaton Ky

13 BIRTHPLACE OF MOTHER (State or country) unknown

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Shelby Moppins  
(Address) Wheaton Ky

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State 59 yrs. \_\_\_\_\_ mos. 2 ds.

Where was disease contracted, If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

15 Filed June 9, 1913 M. J. Dapert  
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_, 191...

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

M. D. - Every item of information should be carefully supplied. All should be in plain terms, so that it may be properly classified. The statement of OCCUPATION is very important. See instructions on back of certificate.