

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13564

PLACE OF DEATH
County Muhlenberg

Vol. Pat. _____

Inc. Town Central City

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

Registration District No. 870Primary Registration Dist. No. 2435

File No. _____

Registered No. 30

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

FULL NAME Ann Davis Morgan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)DATE OF BIRTH August 6th 1899
(Month) (Day) (Year)AGE 72 yrs. 9 mos. 6 ds. If LESS than 1 day... hrs. or... min.?OCCUPATION
(a) Trade, profession, or particular kind of work. House Keeper
(b) General nature of industry business, or establishment in which employed (or employer)BIRTHPLACE (State or country) Clynglar WalesPARENTS
10 NAME OF FATHER David Davis11 BIRTHPLACE OF FATHER (State or country) Clynglar Wales12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER (State or country) ll ll

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tal G Morgan(Address) Central City KyFiled May 13, 1912 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from May 12, 1912, to May 12, 1912, that I last saw him alive on May 12, 1912, and that death occurred, on the date stated above, at 2 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

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

Contributory she had a weak heart
(SECONDARY) (Duration) one yrs. _____ mos. _____ ds.(Signed) G. J. Woodburn, M. D.
May 9, 1912 (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. _____ ds.

Where was disease contracted, If not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Farmington DATE OF BURIAL _____, 191__20 UNDERTAKER Martin Moran ADDRESS Central City Ky

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.