

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

1 PLACE OF DEATH

County Murderbury
Vol. Pat.
Ino. Town Central City
City (No. St., Ward)

Registration District No. 1087
Primary Registration District No. 2435

File No.
Registered No. 7

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

2 FULL NAME Jennie Elizabeth Moulden

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 Sept 2, 1877
7 AGE 51 yrs. 4 mos. 9 ds. IF 51 than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Ill.

10 NAME OF FATHER William Bask

11 BIRTHPLACE OF FATHER (State or country) Ill.

12 MAIDEN NAME OF MOTHER Eva Musgrove

13 BIRTHPLACE OF MOTHER (State or country) Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. W. Moulden
(Address) Central City Ky.

15 Filed 1/15, 1924 A. L. Blauvelt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH DEI 1-12, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1-1-1923 to 1-12-1924 that I last saw her alive on 1-11-1924 and that death occurred on the date stated above at 4 a.m. The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Myocarditis

(Duration) 2 yrs. mos. ds.
Contributory acute dilatation of heart
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. H. Edley, 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 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 Interment Cem DATE OF BURIAL 1-13, 1924

20 UNDERTAKER Mauna died Co. ADDRESS Central City

N. B. - Every item of information secured by certificate supplied. Ask 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.