

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

1 PLACE OF DEATH

County Muhlenberg

Vol. No.

Registration District No. 7126

Inc. Town

Primary Registration District No.

City

(No. St., Ward)

2 FULL NAME

Mary Pearline Mulusky

File No. 144

Registered No.

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

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 Jan 10, 1910
(Month) (Day) (Year)

7 AGE 2 yrs., 10 mos., 20 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) Muhlenberg

10 NAME OF FATHER Joseph Mulusky

11 BIRTHPLACE OF FATHER (State or country) Davis Co Ky

12 MAIDEN NAME OF MOTHER Harriet Baker

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Joseph Mulusky (Address) Paradise

15 Filed Feb. 19, 1913 Dr. F. H. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 21, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1912, to Nov 20, 1912, that I last saw her alive on Nov 20, 1912, and that death occurred on the date stated above at 5 P m. The CAUSE OF DEATH was as follows:

Diphtheria

(Duration) ... yrs. ... mos. 3 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. 3 ds.

(Signed) W. H. Hunt M. D. Feb. 17, 1913 (Address) Paradise, 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. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Simmons Chapel DATE OF BURIAL 21, 1912

20 UNDERTAKER S. A. Wood ADDRESS Paradise Ky

WRITE PLAINLY WITH INK. THIS IS A PERMITS RECORD. Every item of information should be carefully checked. All checks should be made EXACTLY. FUTURE USE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important, the instructions on back of certificate.

DELA