

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

2568

PLACE OF DEATH

County *of Muhlenberg*

Vol. No. *15*

Registration District No. ....

Ino. Town. *Chatham*

Primary Registration District No. *2135*

City .....

(No. ....)

St., .....

Ward)

FULL NAME *Bell Myers*

File No. ....

Registered No. *90*

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

SEX *Female* COLOR OR RACE *Caucasian* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

16 DATE OF DEATH *Jan 24, 1913*  
 (Month) (Day) (Year)

18 DATE OF BIRTH *21 Nov 1845*  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 4, 1913*, to *Jan 24, 1913*, that I last saw her alive on *Jan 24, 1913*, and that death occurred on the date stated above at *9:30* a.m. The CAUSE OF DEATH\* was, as follows:  
*Gastritis and intestinal indigestion*

7 AGE *67* yrs. *2* mos. *3* ds. IF LESS than 1 day... hrs. or... min.?

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

(Duration).... yrs. *1* mos. *7* ds.

9 BIRTHPLACE (State or country) *Ky.*

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

PARENTS

10 NAME OF FATHER *unknown*

11 BIRTHPLACE OF FATHER (State or country) *unknown*

12 MAIDEN NAME OF MOTHER *Mrs. Bell Stalk Zoma*

13 BIRTHPLACE OF MOTHER (State or country) *Warren County*

(Signed) *W. H. Myers*, M. D. *Jan 25, 1913* (Address) *Chatham, Ky.*

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

14 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Sally Myers* (Address) *Chatham, Ky.*

19 PLACE OF BURIAL OR REMOVAL *Chatham, Ky.* DATE OF BURIAL *Jan 25, 1913*

20 UNDERTAKER *Geo. A. George* ADDRESS *Shrewville, Ky.*

Filed *Jan 25, 1913* REGISTERED *W. H. Myers*

WRITE PLAINLY WITH INK. THIS IS A PERMANENT RECORD.

1. Every item of information should be carefully checked. All changes should be made in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important. See instructions on back of certificate.