

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

41407

1 PLACE OF DEATH
County *Muhlenberg*

Vot. Pot. *15*

Registration District No. *7135*

File No.

Ino. Town *Chester*

Primary Registration District No.

Registered No. *106*

City (No. St., Ward)

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

2 FULL NAME *Lucie A Myers*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *widow*

6 DATE OF BIRTH *January 14, 1857*
(Month) (Day) (Year)

7 AGE *61 yrs., 10 mos., 25 ds.* IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *ky*

PARENTS

10 NAME OF FATHER *Rash Pidecock*

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

12 MAIDEN NAME OF MOTHER *McBredon*

13 BIRTHPLACE OF MOTHER (State or country) *ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Jus C P Tate* (Address) *Chester ky*

15 Filed *12-10-1918* *W. H. Woods* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 9, 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 3*, 1918, to *Dec 9*, 1918, that I last saw him alive on *Dec 9*, 1918, and that death occurred on the date stated above at *2 P.M.* The CAUSE OF DEATH* was as follows:

Influenza

Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) *Dr. Roy Miller*, M. D. *Dec 9, 1918* (Address) *Chester 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 *Miller ky* DATE OF BURIAL *Dec 18, 1918* UNDERTAKER *J. L. Thomas* ADDRESS *Chester*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--Every item of information should be carefully supplied. Ads should be read 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.