

PLACE OF DEATH

County Madison

CERTIFICATE OF DEATH

24027

Vol. Fol. 15

Registration District No. 2725

File No.

Inc. Town Cleaton Ky

Primary Registration Dist. No.

Registered No. 31

City

(No.)

St.

Ward

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

FULL NAME Thelma Myra

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

DATE OF BIRTH Nov. 12, 1915
(Month) (Day) (Year)

AGE 9 yrs. 9 mos. 25 ds. If LESS than 1 day....hrs. or....min.?

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

BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Tommy Myra

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Prima Pate

13 BIRTHPLACE OF MOTHER (State or country) Ky

IS THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tommy Myra

(Address) Cleaton Ky

9-7, 1916 2725

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Sept 7, 1916
(Month) (Day) (Year)

15 I HEREBY CERTIFY, that I attended deceased from Sept 5, 1916, to Sept 7, 1916
that I last saw h. or. alive on Sept 7, 1916
and that death occurred, on the date stated above, at 11a.

The CAUSE OF DEATH* was as follows:
Sastro-Enteritis

(Duration) yrs. mos. ds.

Contributory (secondary)

(Signed) DeRoy Nichols, M. D.
Sept 7, 1916 (Address) Cleaton Ky

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

(15) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSPORTS or RESORT 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

16 PLACE OF BURIAL OR REMOVAL Wickliffe Burial DATE OF BURIAL 9-8, 1916

17 UNDERTAKER Chas. Lind ADDRESS Cleaton Ky

MAILED RECEIVED FOR SERVICE
 STATE PLANS WITH CHANGES MAY-TIME IS A PAINFUL BUSINESS
 M. D. - Every item of information should be carefully checked. AGE should be stated EXACTLY. PROFESSION should state CLASS OF SERVICE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.