

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vet. Post.

Registration District No. 1087

Inc. Town

Primary Registration District No. 2435

City

St.

Ward)

2 FULL NAME

General Hall

File No.

Registered No. 47

(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

Colored

5 Single

Married mailed  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH

May 4, 1900  
(Month) (Day) (Year)

7 AGE

26 yrs. 3 mos. 16 ds.IF LESS 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)

Muhlenberg Co., Ky

10 NAME OF FATHER

Di Bland

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

Belle Stuchliffe

13 BIRTHPLACE OF MOTHER

(State or country)

Muhlenberg Co., Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Jess Hall

(Address)

Darlington, Ky

15

Filed

Augt 20, 1927 A. L. Blandford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 20, 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from August 15, 1927 to Augt 20, 1927.that I last saw him alive on August 21, 1927,  
and that death occurred on the date stated above at 6 A m.

The CAUSE OF DEATH\* was as follows:

Typhoid Pneumonia(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

Contributory (Secondary)

Influenza

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) P. T. Bailer, M. D.Aug 21, 1927 (Address) Muhlenberg Co., 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

DATE OF BURIAL

Smiths Carrollton, Ky Augt 22, 1927

20 UNDERTAKER

ADDRESS

C. T. Lloyd Oranboro, Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given 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.

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1761  
7-31-38