

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Madison

Registration District No. 721

File No. 16295

Vet. Switzerland

Primary Registration Dist. No. 6752

Registered No. 7

Inc. Town

City Madison (No. 00 Ward)

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

3 FULL NAME Oliver Elizabeth Nelson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

8 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(Write the word)

16 DATE OF DEATH June 26 1914  
(Month) (Day) Year

6 DATE OF BIRTH Aug 28 1868  
(Month) (Day) (Year)

17 HEREBY CERTIFY THAT I attended deceased from June 25 1914 to June 26 1914

7 AGE 45 yrs. 10 mos. 6 ds. If LESS than 1 day... hrs, or... min.?

that I last saw her alive on June 25 1914 and that death occurred, on the date stated above, at 12:30 p.m.

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

The CAUSE OF DEATH\* was as follows:  
Conjunctive Chills

9 BIRTHPLACE (State or country) Muhlenberg

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

10 NAME OF FATHER Jacob France

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

11 BIRTHPLACE OF FATHER (State or country) Unknown

(Signed) W. H. Moon, M. D.  
June 26 1914 (Date)

12 MAIDEN NAME OF MOTHER Elizabeth Shubert

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

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) H. A. Bruce

Where was disease contracted, if not at place of death?  
Former or usual residence

(Address) Breeseville Ky

19 PLACE OF BURIAL OR REMOVAL Bish Cem DATE OF BURIAL 6-27 1914

15 Filed June 16 1914 R. M. Kinchloe REGISTRAR

20 UNDERTAKER B. Stewart ADDRESS Breeseville Ky

N. B.—Every item of information should be carefully verified. AGE should be stated EXACTLY. FURNISHING should state CAUSE OF DEATH in plain language, so that it may be properly classified. Extent of EDUCATION is very important. See instructions on back of certificate.