

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

1 PLACE OF DEATH

County *Franklin*

Vet. Post *Perennial*

Ino. Town

City

2 FULL NAME

*Eliza Murren*

Registration District

**P**

Primary Registration District No. *4128*

File No.

Registered No. *2386*

(If the deceased was in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Aug 11 10 1831*  
(Month) (Day) (Year)

7 AGE *86 yrs 2 mos 24 ds* IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Ky*

PARENTS

10 NAME OF FATHER *Isaac Murren*

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

12 MAIDEN NAME OF MOTHER *Mary Murrell*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Henry Murren*  
(Address) *Perennial*

15 Filed *11-6*, 191*7* *H. Hall B. Reuber*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 5 1917*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Sept 10*, 191*7*, to *Nov 5*, 191*7*, that I last saw him *alive on Oct 10*, 191*7*, and that death occurred on the date stated above at *11 a.m.* The CAUSE OF DEATH\* was as follows:

*Senility*  
(Duration) *86 yrs 2 mos 24 ds*

Contributory (SECONDARY) (Duration) *86 yrs 2 mos 24 ds*  
(Signed) *E. M. Reuber*, M. D.  
*11 16 1917* (Address) *Perennial*

\*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 *86 yrs 2 mos 24 ds* In the State *86 yrs 2 mos 24 ds*  
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Murren Cemetery* DATE OF BURIAL *11-6 1917*

20 UNDERTAKER *D. Rector* ADDRESS *Murren*

*by E. M. Reuber*

WRITE PLAINLY, IN UNFADING INK--THIS IS A PERMANENT RECORD

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