

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

1 PLACE OF DEATH

County WashingtonVol. Pot. Beesh Creek 11

Registration District No. ....

Ino. Town .....

Primary Registration District No. ....

City .....

(No. .... St., .... Ward)

2 FULL NAME Margite AbimeFile No. 29660

Registered No. ....

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
------------------------	---------------------------------	---

6 DATE OF BIRTH  
Oct 15, 1913  
(Month) (Day) (Year)7 AGE  
1 yrs. .... 27 mos. .... 27 ds.  
IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work. None  
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country)  
Washington Co, Ky10 NAME OF FATHER  
J. N. Abime11 BIRTHPLACE OF FATHER (State or country)  
Todd Co, Ky12 MAIDEN NAME OF MOTHER  
Nettie Rogers13 BIRTHPLACE OF MOTHER (State or country)  
Todd Co, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. N. Abime(Address) Beesh Creek, Ky

15

Filed 11-21, 1914 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
Nov 11, 1914  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1914, to Nov 11, 1914, that I last saw him alive on Nov 11, 1914, and that death occurred on the date stated above at 3.9 a.m. The CAUSE OF DEATH\* was as follows:  
Bronchitis PneumoniaContributory Hypertension  
(SECONDARY)(Signed) N. F. Whitel, M. D.  
Nov. 11, 1914 (Address) Beesh Creek, 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

Wright Chapel DATE OF BURIAL  
Nov 11, 191420 UNDERTAKER  
J. N. Stewart ADDRESS  
Beesh Creek, Ky

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S OCCUPATION is very important. See instructions on back of certificate.