FORM V. S. 1-100 M-1-10-11.

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 25984

1 PLACE OF DEATH

County Muhlenberg

Vet. Pct. Graham #10

Registration District No. 7140

Inc. Town

Primary Registration Dist. No. 10

City (No. St. Ward)

Registered No.

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

2 FULL NAME Jannie Irene Oldham

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 6 (Month) — (Day), 1910 (Year)

7 AGE: 2 yrs. 4 mos. — da.

If LESS than 1 day ... hrs, or ... min.?

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

9 BIRTHPLACE (State or country): Ky

PARENTS

10 NAME OF FATHER: Jesse Oldham

11 BIRTHPLACE OF FATHER (State or country): Ky

12 MAIDEN NAME OF MOTHER: Delia McKnight

13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Crenshaw

(Address) Graham Ky

15 Filed 11/1, 1912 J. A. Gardner, Registrar

11—8186

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 10 (Month) 31 (Day), 1912 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9/26, 1912, to 10/31, 1912, that I last saw her alive on 10/31, 1912, and that death occured, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(Duration) yrs. 1 mos. 10 da.

Contributory (SECONDARY)

(Duration) yrs. mos. da.

(Signed) T. K. Evans, M. D.

11/1, 1912 (Address) Graham 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. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Unity — DATE OF BURIAL: Nov. 1, 1912

20 UNDERTAKER: J. O. Mabrey — ADDRESS: Graham

WHITE PLACARD, Y. WHITE UNDERLINING INK—THIS SIDE—FOR REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. PHYSICIAN'S CERTIFICATE OF 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.