

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4885

File No. ....

Registered No. ....

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

## 1 PLACE OF DEATH

County MuhlenbergVot. Pct. Paradise Registration District No. 1089Inc. Town..... Primary Registration District No. 6873City..... (No. 1 St. .... Ward)

## 2 FULL NAME

Mary Jane O'Neal

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Am 4 COLOR OR RACE W 5 Single ☒ Married ☐ Widowed ☐ or Divorced (Write the word)

6 DATE OF BIRTH March 12 1985  
(Month) (Day) (Year)

7 AGE 72 yrs. 10 mos. 23 ds. IF LESS than 1 day .... hrs. or .... min?

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

9 BIRTHPLACE (State or country) Logan, Co., Ky.

PARENTS  
10 NAME OF FATHER Jno. D. Beers  
11 BIRTHPLACE OF FATHER (State or country) Logan, Co.  
12 MAIDEN NAME OF MOTHER Jemima Ellen Beers  
13 BIRTHPLACE OF MOTHER (State or country) Logan, Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. O'Neal  
(Address) Paradise, Ky.

15 Filed Feb 22 1930 Martha D. Fox  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 5th 1930  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 8-10-29, 1929 to 2-5-, 1930, that I last saw her alive on about 12-12-, 1929, and that death occurred on the date stated above at 2:30 p.m.

The CAUSE OF DEATH\* was as follows:

Senility

(Duration) .... yrs. .... mos. .... ds.  
Contributory (Secondary) Infinites

(Signed) Geo. O'Neal M.D.  
2-10-1930 (Address) Paradise, Ky.

\*State the Disease Causing Death, or, in deaths from Violence 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 Mt. Vernon DATE OF BURIAL 2-6-3020 UNDERTAKER J. R. Kimmel ADDRESS Drakesboro, Ky.