

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

1 PLACE OF DEATH

County Hopkins

Vot. Pot.

Registration District No. 130

Ino. Town

Primary Registration District No. 7265-

City Madisonville (No. St., Ward)

File No. 2763

Registered No. 108

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

2 FULL NAME Lily Parker

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE black 5 SINGLE MARRIED, WIDOWED OR DIVORCED married
(Write the word)

6 DATE OF BIRTH 1894
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Thomas Statton

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Ollie Statton

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lillian Parker
(Address) Madisonville, Ky.

15 Filed 9.30.18 Registrar Robt. J. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 30, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1918, to Sept 30, 1918, that I last saw him alive on Sept 30, 1918, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

Syphilitic Fever

Contributory (SECONDARY) about 7 yrs. (Duration) late stage (Address) Madisonville, Ky.

(Signed) W. M. ..., M. D.
10-1, 1918 (Address) Madisonville, 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 Memorial Chapel, Ky. DATE OF BURIAL Oct. 1, 1918

20 UNDERTAKER Utley & Co. ADDRESS Madisonville, Ky.

WRITE PLAINLY, WITH WRITING INK-TYPE OR 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.