

Commonwealth of Kentucky

STATE BOARD OF HEALTH,

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MURKENSBERGVet. Post PARADISE, KY.Town PARADISE, KY.

City (No. St. Ward)

Registration District No. 7126

Primary Registration Dist. No. _____

File No. 25954

Registered No. _____

2 FULL NAME SARAH ANNIE PENDLEY

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX FEMALE 4 COLOR OR RACE WHITE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) MARRIED6 DATE OF BIRTH MAY 31, 1888
(Month) (Day) (Year)7 AGE 24 yrs. 4 mos. 21 ds. If LESS than 1 day... hrs. or... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work HOUSEWIFE (b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) RICHMOND, KY.

PARENTS	10 NAME OF FATHER <u>HENRY G. BARNETT</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>WHAYNE CO., KY</u>
	12 MAIDEN NAME OF MOTHER <u>JULIA D. BURRIS</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>WHAYNE CO., KY</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ROBERT E. PENDLEY(Address) PARADISE, KY.15 Filed 191 _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH OCTOBER 10, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from SEPT 30, 1912, to OCTOBER 10, 1912, that I last saw her alive on OCTOBER 10, 1912 and that death occurred, on the date stated above, at 9A m. The CAUSE OF DEATH* was as follows:TYPHOID FEVER(Duration) yrs. mos. 12 ds.
Contributory HYPOSTATIC CONGESTION OF LUNG (SECONDARY)(Signed) H. D. Newman, M. D.
OCT 11, 1912. (Address) DRAKESBORO, 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 RIVERSIDE DATE OF BURIAL OCT 11, 191220 UNDERTAKER MERCER & WOOD ADDRESS ROCHESTER, Ky