

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenberg
Vol. Pat. Central City
Inc. Town Central City
City Central City (No. , St. , Ward)

Registration District No. 870
Primary Registration Dist. No. 7123

File No. 2556Registered No.

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

FULL NAME May Penrod

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Female 4 COLOR OR RACE white 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

8 DATE OF BIRTH July 24, 1895
(Month) (Day) (Year)

7 AGE 18 yrs. 10 mos. 22 ds. If LESS than 1 day....hrs, or....min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

10 NAME OF FATHER David Grundy

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Jamie Woodburn

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Humphrey & Joe Cox
(Address) Murder Ky

15 Filed Jan 16, 1914 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 16, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1914, to Jan 15, 1914, that I last saw her alive on Jan 15, 1914, and that death occurred, on the date stated above, at 6:15 a.m.

The CAUSE OF DEATH* was as follows:
Obstruction of bowels
(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) W. P. M. Dowell M. D.
Jan 16, 1914 (Address) Central City Ky

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDA or HOMICIDA

(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 Soleman Graveyard DATE OF BURIAL Jan 17, 1914

20 UNDERTAKER Martin Moore ADDRESS Central City