

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Prec. Grassland

Registration District No. 2140

File No. 32698

Ino. Town..... Primary Registration District No.

Registered No. 280

City Grassland, Ky (No. St., Ward)

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

2 FULL NAME Lola Perkins

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH December 2, 1911
(Month) (Day) (Year)

7 AGE 2 yrs. 11 mos. 29 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER Samuel Titcher Perkins

11 BIRTHPLACE OF FATHER (State or country) Hopkins Co

12 MAIDEN NAME OF MOTHER Mamie Mangum

13 BIRTHPLACE OF MOTHER (State or country) Hopkins Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sam Perkins
(Address) Grassland

15 Dec 7, 1914 REGISTRAR A. K. Kemmerly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 2, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1914, to Dec. 2, 1914, that I last saw her alive on Dec. 2, 1914, and that death occurred on the date stated above at 8:10 AM. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia in both lungs

(Duration).... yrs.... mos. 7 ds.
Contributory Enlarged Thyroid gland

(Signed) C. R. Barnett, M. D.
Dec. 2, 1914 (Address) Grassland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TEAM SIENTS 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 Flat Creek R. DATA OF BURIAL Dec. 7, 1914

20 UNDERTAKER Shannon Mercor Co ADDRESS Depoy, Ky

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

2. 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.