

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH1 PLACE OF DEATH  
County Muhlenburg

Vot. Pat. \_\_\_\_\_

Inc. Town \_\_\_\_\_

City Central City Ky (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 870Primary Registration Dis. No. 2435File No. 11222Registered No. 18

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

2 FULL NAME <sup>ms</sup> Gustafsa Peterson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Swedish 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH 14 September 1913  
(Month) (Day) (Year)7 AGE 72 yrs. 6 mos. 28 ds. IF LESS than 1 day...hrs., or...min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Arinsborg Sweden10 NAME OF FATHER Johannes Larsson11 BIRTHPLACE OF FATHER (State or country) Sweden12 MAIDEN NAME OF MOTHER Heta Stina13 BIRTHPLACE OF MOTHER (State or country) Sweden14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Carl Louison  
(Address) Central City Ky15 Filed Apr. 12, 1913 A. L. Blandford  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 11, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 7, 1913, to April 10, 1913, that I last saw her alive on April 10, 1913, and that death occurred, on the date stated above, at 3:30 p.m.The CAUSE OF DEATH\* was as follows:  
Nasal Hemorrhage  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

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

(Signed) Harry Syderley, M. D.  
April 12, 1913 (Address) Central City 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 Mount Central City DATE OF BURIAL Apr. 12, 191320 UNDERTAKER Walter Moore ADDRESS Central City

N. B.—Every item of information about a death should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain text so that it may be properly classified. Extra amount of OCCUPATION is very important. See instructions on back of certificate.