

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

25659

1 PLACE OF DEATH

County *Murdersburg*Vot. Pot. *Proth. Hill*Ino. Town *Luzerne Ky*

City (No. St., Ward)

Registration District No. *871*Primary Registration District No. *7137*

File No.

Registered No.

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

2 FULL NAME *Jane Frances Pettit*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *Leak.* 5 SINGLE MARRIED, WIDOWED OR DIVORCED *married*
(Write the word)6 DATE OF BIRTH *June 23, 1858*
(Month) (Day) (Year)7 AGE *62* yrs. mos. 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) *house wife*9 BIRTHPLACE (State or country) *Tennessee*10 NAME OF FATHER *unknown*11 BIRTHPLACE OF FATHER (State or country) *unknown*12 MAIDEN NAME OF MOTHER *Mary Pettit*13 BIRTHPLACE OF MOTHER (State or country) *Grundy County Tenn*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Helen Pettit*(Address) *104 W. 1st St.*15 Filed *10/4 20* 191 *191* *C. B. Wickline* REGISTRAR
Murdersburg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 3, 1920*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Sept 1, 1920* to *Sept 2, 1920* that I last saw him alive on *Sept 2, 1920*, and that death occurred on the date stated above at *12* m. The CAUSE OF DEATH* was as follows:
Carcinoma of uterus

..... (Duration) yrs. mos. ds.

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

(Signed) *D. W. Edge*, M. D.
Oct 4, 1920 (Address) *Luzerne*

*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 *St Charles Ky* DATE OF BURIAL *Oct 4, 1920*20 UNDERTAKER *Dr. George* ADDRESS *Greenville, Ky.*