

CERTIFICATE OF DEATH

15951

1 PLACE OF DEATH

County

Muhlenberg

Vot. Pot.

Powderly

Registration District No.

2

Ino. Town

Primary Registration District No.

8423

City

(No.

St.,

Ward)

2 FULL NAME

Ada Phipp

File No.

Registered No.

[If death occurred in a hospital or institution, give its NAME instead 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) married
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6 DATE OF BIRTH Mch 3, 1884 (Month) (Day) (Year)	7 AGE 37 yrs. 4 mos. 8 ds.	IF LESS than 1 day... hrs. or... min.?
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8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)	Housekeeper
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9 BIRTHPLACE (State or country)	Todd Co Ky
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PARENTS

10 NAME OF FATHER	Doc Jones
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11 BIRTHPLACE OF FATHER (State or country)	Don't know
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12 MAIDEN NAME OF MOTHER	Cora Gibson
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13 BIRTHPLACE OF MOTHER (State or country)	Todd Co Ky
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)	J. C. Phipp
(Address)	Wills Ky R#2

15 Filed	July 17, 1921	Dr. Wickip	REGISTRAR
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MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11, 1921 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1921, to July 11, 1921, that I last saw her alive on July 11, 1921, and that death occurred on the date stated above at 4 p.m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)..... yrs..... mos..... ds.	Contributory (SECONDARY) Wernia & Cholesterol
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(Duration)..... yrs..... mos..... ds.	(Signed) O. A. Wilson, M. D.
July 11, 1921	(Address) Greenville

*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.
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Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Calvin Chapel	DATE OF BURIAL July 17, 1921
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20 UNDERTAKER McDonald & Dewitt	ADDRESS Greenville
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MARGIN RESERVED FOR ENDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. 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.