

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

1 PLACE OF DEATH

County

Muhlenburg

Vol. No.

So. Carrollton

Registration District No.

7/24

Ino. Town

Moorman

Primary Registration District No.

City

Leona

(No.

St.,

Ward)

2 FULL NAME

Leona Paynter

File No.

128751

Registered No.

12

[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) Single
6 DATE OF BIRTH March 23, 1897 (Month) (Day) (Year)		

7 AGE 22 yrs. 6 mos. 21 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)	At Home
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9 BIRTHPLACE (State or country)	Muhlenburg Co. Ky.
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PARENTS	10 NAME OF FATHER Geo. Paynter
	11 BIRTHPLACE OF FATHER (State or country) Casey Co. Ky.
	12 MAIDEN NAME OF MOTHER Fannie Bidwell
	13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geo. Paynter (Address) Moorman Ky.
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15 Filed Oct 14, 1917 REGISTRAR	W. S. Packard
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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 14, 1917 (Month) (Day) (Year)
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17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1917, to Oct. 14, 1917, that I last saw her alive on Oct. 14, 1917,
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and that death occurred on the date stated above at 11 A.M. The CAUSE OF DEATH was as follows:
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Chronic Bright's disease with Tuberculosis of the bowels Fever treated her until she died. Contributory (SECONDARY) (Duration) yrs. mos. ds.
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(Signed) J. R. Barnes, M. D. Oct 14, 1917 (Address) So. Carrollton
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*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL
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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
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19 PLACE OF BURIAL OR REMOVAL Moorman	DATE OF BURIAL Oct 17, 1917
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20 UNDERTAKER Geo. Paynter	ADDRESS Moorman
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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.