

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

21953

File No.

Registered No. 137

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

1 PLACE OF DEATH

County *Mohlenberg*

Vot. Pct. *15*

Ino. Town *Berwyn*

City

Registration District No. *2135*

Primary Registration District No.

(No. St., Ward)

2 FULL NAME *Hellie B. Putman*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Jan 15, 1915*
(Month) (Day) (Year)

7 AGE *16* yrs. *6* mos. *0* 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) *Kentucky*

PARENTS

10 NAME OF FATHER *Elroy Putman*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER *Mathie Montross*

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Elroy Putman*

(Address) *Berwyn*

15 Filed *7-23, 1919* *J. H. Moore* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 22, 1919*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *July 14, 1919*, to *July 22, 1919*, that I last saw her alive on *July 22, 1919*, and that death occurred on the date stated above at *1.0 p.m.* The CAUSE OF DEATH* was as follows:

Disseminated Tuberculosis
(Duration) yrs. mos. *16* ds.

Contributory (SECONDARY)

(Signed) *W. D. Alaman*, M. D. *July 22, 1919* (Address) *Chester*

* 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. State yrs. mos. ds. In the Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Wickliffe G. Y.* DATE OF BURIAL *7-23, 1919*

20 UNDERTAKER *J. L. Thomas* ADDRESS *Chester*

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.