

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

1 PLACE OF DEATH

County MaheshburyVol. No. 11 Registration District No. 7135Ino. Town Electon 19 Primary Registration District No.

City (No.) St., Ward

2 FULL NAME Margaret Guinnessberry

File No.

Registered No. 37

(If death occurred in a
hospital or institution,
state name instead of
street and number.)

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 18, 1918
(Month) (Day) (Year)

7 AGE 1 yrs. 24 mos. 24 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

10 NAME OF FATHER William Guinnessberry

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Mattie Brown

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W.M. Guinnessberry(Address) Electon 19

15

Filed 7-13-1918 W.H. Thomas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 17, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1918, to July 14, 1918, that I last saw her alive on July 14, 1918, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:
Cerebral Infarction

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

Contributory (SECONDARY).....

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

(Signed) W.D. Almon, M. D.

7/19/1918 (Address) Electon 19

*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 DATE OF BURIAL

Co. 3 rd. July 13, 1918

20 UNDERTAKER ADDRESS

Joe E. George Greenville 19

WRITE PLAIN 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.