

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg, Ky.

Vot. Prec. Greenville Hamel 10

Ino. Town

City _____ (No. 871-7100)

St., Ward

File No. 23294

Registered No. 85

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

2 FULL NAME Eva Beatrice Rector

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 Sept 6, 1912
(Month) (Day) (Year)

7 AGE 13 yrs. 13 mos. 0 ds. If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Child (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.

PARENTS

10 NAME OF FATHER Fountain Rector

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky.

12 MAIDEN NAME OF MOTHER Sonnie Goly Stewart

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fountain Rector

(Address) Johnson, Ky.

15 Sept 29, 1912 J. H. Frankler
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 19, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 6th noon, 1912, to Sept 7th 2:15 PM, 1912, that I last saw her alive on Sept 7th, 1912, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Death occurred on Sept 19th 1912
Cause of death - unknown.

(Duration) _____ yrs. _____ mos. 13 ds.

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

(Signed) J. C. Grace, M. D.
Sept 21, 1912 (Address) Halys Mill, Ky.

*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 Durbin, Bowling & DATE OF BURIAL 9/19, 1912

20 UNDERTAKER M. B. McDonald ADDRESS Greenville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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.

Ky