

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

8805

## 1 PLACE OF DEATH

County

Muhlenberg

Vol. No.

Drakesboro

Registration District

872

Ino. Town

A 32

Primary Registration District No.

7125

City

(No.

Lucy Reed

St.,

Ward)

2 FULL NAME

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

Negro

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

6 DATE OF BIRTH

— — —, 1853  
(Month) (Day) (Year)

7 AGE

53

yrs. mos. 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)

at home

9 BIRTHPLACE (State or country)

Muhlenberg Co., Ky

10 NAME OF FATHER

Nelson Hayden

11 BIRTHPLACE OF FATHER (State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Silvey Hayden

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Green Davis

(Address)

Central City, Ky

15

Filed 4/19, 1921

J. R. Kinnaman

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 18, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 1, 1921, to Apr 18, 1921, that I last saw her alive on Apr 18, 1921, and that death occurred on the date stated above at 11 p.m. The CAUSE OF DEATH\* was as follows:

Malaria

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Valvular Heart Disease (Mitral Stenosis) (Duration) 5 yrs. mos. ds.

(Signed) H. D. Newman, M. D.

Apr 19, 1921 (Address) Drakesboro, 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

Smith's Drakesboro, Ky

DATE OF BURIAL

Apr 20, 1921

20 UNDERTAKER

Ed C. George Greenville, Ky

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.