

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4598

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. #
Inc. Town Carroll's Idg.
City WV St. WV Ward

Registration District No. 1097
Principal Registration District No. 2866

File No. 4598
Registered No. 4
(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2 FULL NAME Mrs. Francis Stroud

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 July 1924
(Month) (Day) (Year)

7 AGE 70 yrs. 6 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).....

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

PARENTS

10 NAME OF FATHER Jefferson Cundiff

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Fannie Stroud

13 BIRTHPLACE OF MOTHER (State or country) Central City Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clide Koons
(Address) Browder Ky.

15 Filed 2-10, 1924 by F. Fleming Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 2 4
(Month) (Day) (Year)

17 I HEREBY CERTIFY, THAT I attended deceased from Jan 28, 1924 to Feb 2, 1924, that I last saw her alive on Feb 2, 1924, and that death occurred on the date stated above at 8 p.m.

The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) - yrs. - mos. 10 ds.

Contributory (Secondary) - yrs. - mos. - ds.

(Signed) T. C. H. Peters, M. D.
2/9/24, 1924 (Address) Princeton 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 Rhoads Drakeboro DATE OF BURIAL - 19-

20 UNDERTAKER R. Kimmel ADDRESS Drakeboro

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Do not state occupation if occupation is very important. See instructions on back of certificate.