

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

1 PLACE OF DEATH

County *Muhlenberg*Vet. Pot. *#21*Ino. Town *Cantua City*

City

Registration District No. *870*Primary Registration District No. *2435*

(No. St., Ward)

3 FULL NAME

Mrs. Lucrecia Sudd

File No.

2504

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Female</i>	4 COLOR OR RACE <i>Syrian</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> (Write the word)
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6 DATE OF BIRTH
March - 1896
(Month) (Day) (Year)7 AGE
20 yrs. *10* mos. ds.
IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. *Housekeeper*
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country)
*Wheddy Mt. Lebanon Syria*10 NAME OF FATHER
*Betrus Darwood*11 BIRTHPLACE OF FATHER (State or country)
*Syria*12 MAIDEN NAME OF MOTHER
*Sarah Abraham*13 BIRTHPLACE OF MOTHER (State or country)
Syria

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *E. B. Baker*
(Address) *Cantua City Ky*15 Filed *Feb. 12, 1917* *A. L. Blandford*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan 5 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1917*, to *Jan 5, 1917*, that I last saw h..... alive on *Jan 5, 1917*, and that death occurred on the date stated above at *10 P.M.* The CAUSE OF DEATH* was as follows:*Exc. Decubitus*Contributory *P. Pericarditis*
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *J. N. Felt*, M. D.
Jan 5, 1917 (Address) *Cantua City 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 RESIDENTS)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
*Fairmount*DATE OF BURIAL
*Jan 8, 1917*20 UNDERTAKER
*Martin M...*ADDRESS
Cantua City

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.

MARGIN FOR FINDING