

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

22908

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *Paradise*

Ino. Town.....

City..... (No.....St.,.....Ward)

Registration District No. *1989*

Primary Registration District No. *6823*

File No.

Registered No. *6*

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

2 FULL NAME *Amy Sampson*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

16 DATE OF DEATH *Oct 24 1922*
(Month) (Day) (Year)

6 DATE OF BIRTH *1864*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 12, 1922* to *Oct 24, 1922* that I last saw her alive on *Oct 20, 1922* and that death occurred on the date stated above at *5 a.m.* The CAUSE OF DEATH* was as follows:

7 AGE *58* yrs..... mos..... ds. IF LESS than I day... hrs. or... min.?

Tuberculosis of Lung
(Duration) *2* yrs..... mos..... ds.

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

Contributory..... (Duration)..... yrs..... mos..... ds.
(Signed) *H. D. Newman* M. D.
Oct 24, 1922 (Address) *Drakesboro*

9 BIRTHPLACE (State or country) *Kentucky*

10 NAME OF FATHER *Jockey "Perrod"*

11 BIRTHPLACE OF FATHER (State or country) *U. S. A.*

12 MAIDEN NAME OF MOTHER *Not known*

13 BIRTHPLACE OF MOTHER (State or country) *U. S. A.*

*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, TRAVELERS 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?

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *C. C. Arndell*

(Address) *Paradise Ky*

19 PLACE OF BURIAL OR REMOVAL *Paradise, Ky* DATE OF BURIAL *Oct 25, 1922*

15 Filed *Nov 1, 1922* *W. S. Sundiff* Registrar

20 UNDERTAKER *J. Kimmel* ADDRESS *Drakesboro Ky*

WRITE PLAINLY, WITH BLUE INK--THIS IS A PERMANENT RECORD

M. B.—Every item of information should be as fully 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 instruction on back of certificate.