

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

P. 8/11/16

1 PLACE OF DEATH
County Mullensburg

Vol. 106 Registration District No. 871

Ino. Town Greenfield, Ky

City Greenfield, Ky

Registration District No. 871

Primary Registration District No. 2131

File No. 21577

Registered No.

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

2 FULL NAME Theodoreine Saulsbery

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE col
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant

6 DATE OF BIRTH aug 17, 1916
(Month) (Day) (Year)

7 AGE 6 hours
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) Infant

9 BIRTHPLACE (State or country) Mullensburg

10 NAME OF FATHER Lewis Saulsbery

11 BIRTHPLACE OF FATHER (State or country) Mullensburg

12 MAIDEN NAME OF MOTHER Lena Simon

13 BIRTHPLACE OF MOTHER (State or country) Ford County Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lewis Saulsbery
(Address) Greenfield, Ky

15 Filed 8/21, 1916 G. B. McLaughlin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8/19, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from aug 19, 1916, to aug 19, 1916, that I last saw her alive on aug 19, 1916 and that death occurred on the date stated above at 6:30 p.m. The CAUSE OF DEATH* was as follows:

Premature Birth
5 months
(Duration) ... yrs. ... mos. ... ds.

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

(Signed) A. Cornelius, M. D.
aug 21, 1916 (Address) Greenfield, 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 West End Grave DATE OF BURIAL aug 20, 1916

20 UNDERTAKER Joe E. George ADDRESS Greenfield, 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.