

PLACE OF DEATH
County Butcherburg

Vol. No. 18

Inc. Town Leicester City

City (No. 3 Ward)

Registration District No. 570

Primary Registration Dist. No. 2433

File No. 16479

Registered No. 24

(If death occurred in a hospital or in a nursing home, give the name and number.)

FULL NAME Bessie Schindler

PERSONAL AND STATISTICAL PARTICULARS

SEX girl COLOR OF RACE White MARRIAGE STATUS single
(MARRIED, WIDOWED, OR DIVORCED) (Write the word)

DATE OF BIRTH May 27 1901
(Month) (Day) (Year)

AGE 13 years 11 LESS than 1 day... hrs. or... min.?
13 yrs. 1 mo. 3 ds.

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

BIRTHPLACE (State or country) Leicester City Ky

PARENTS

10 NAME OF FATHER Henry Schindler

11 BIRTHPLACE OF FATHER (State or country) Rockport Indiana

12 MAIDEN NAME OF MOTHER Margaret Schindler

13 BIRTHPLACE OF MOTHER (State or country) South Carolina Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Butcherburg

(Address) Leicester City

15 PLACE OF BURIAL OR REMOVAL Leicester City

DATE OF BURIAL June 30, 1914

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 29, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1914 to June 29, 1914
that I last saw her... alive on June 29, 1914

and that death occurred, on the date stated above, at 11 PM

The CAUSE OF DEATH^a was as follows:
Josemic Jaundice

(Duration) ... yrs. ... mo. 15 ds.

Contributory (secondarily) (Duration) ... yrs. ... mo. ... ds.

(Signed) Harry Lytle, M. D.
June 29, 1914 (Address) Leicester City Ky

18 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(19) LENGTH OF RESIDENCE (For hospitals, institutions, transients or recent residents) In the At place of death ... yrs. ... mo. ... ds. State ... yrs. ... mo. ... ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Leicester City

20 UNDERTAKER Matthew Moore ADDRESS Leicester City

NOTE: Place of birth, with reference to time in a foreign country, should be stated in full. If the place of birth is in a foreign country, the name of the country should be given in full. If the place of birth is in a city or town, the name of the county should be given in full. If the place of birth is in a city or town, the name of the county should be given in full. If the place of birth is in a city or town, the name of the county should be given in full.