

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

PLACE OF DEATH

County **MUHLENBERG**

Vol. No. **#5** Registration District No. **872**

Inc. Town **DRAKESBORO KY** Primary Registration District No. **7125**

City (No. St. Ward)

FULL NAME **DORA SCOTT**

File No. **16492**

Registered No. **27**

(If death occurred in a hospital or institution give the building, street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX FEMALE	COLOR OR RACE NEGRO	SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE
DATE OF BIRTH JUNE 17, 1914 (Month) (Day) (Year)		
AGE yr. mos. ds.		IF LESS than 1 day 8. hrs. or min.?
OCCUPATION (a) Trade, profession, or particular kind of work. AT HOME (b) General nature of industry, business or establishment in which employed (or employer)		
BIRTHPLACE (State or country) DRAKESBORO KY		

PARENTS	10 NAME OF FATHER EDWARD SCOTT
	11 BIRTHPLACE OF FATHER (State or country) ALABAMA
	12 MAIDEN NAME OF MOTHER DORA DEANE
	13 BIRTHPLACE OF MOTHER (State or country) KENTUCKY

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **EDWARD SCOTT**
(Address) **DRAKESBORO KY**

15 Filed **7/9, 1914** *J. R. Kimmel*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
JUNE 17, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **JUNE 17, 1914**, to **JUNE 17, 1914**, that I last saw h. or alive on **JUNE 17, 1914**, and that death occurred on the date stated above at **6.30 am**. The CAUSE OF DEATH was as follows:

PREMATURE BIRTH-- EIGHTH MONTH.

Contributory (SECONDARY)
(Signed) *H. D. Newman, M. D.*
JUNE 17, 1914 (Address) **DRAKESBORO 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 REGENT RESIDENTS)
At place of death **yr. mos. ds.** In the State **yr. mos. ds.**
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER J. B. HOUKE & CO	ADDRESS DRAKESBORO KY

MADE IN THE U.S.A. BY THE BUREAU OF VITAL STATISTICS, U.S. DEPARTMENT OF HEALTH

NOTE: PLAINLY WITH UNWRAPING LINE--THIS IS A PERMANENT RECORD. It is every item of information should state CAUSE OF DEATH. Do not be misled by the term, as that it may be industry of business. Do not construct on back of certificate. INFORMATION is very important.