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Form V. S. 1-50m-8-25-23

#32

COMMONWEALTH

State Board of

BUREAU OF
CERTIFICATION

1 PLACE OF DEATH
County Muhlenberg

Vot. Pct. _____

Registration District No. 1087

Inc. Town Central City

Primary Registration District No. _____

City _____

(No. 2438)

2 FULL NAME Mrs. Sibilla

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH Nov. 27 1887
(Month) (Day) (Year)

7 AGE 83 yrs. 7 mos. 24 ds.
IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filed 9/5 1926 A. L. Bradford Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH Nov. 21 1926 (Month) (Day) (Year)

I HEREBY CERTIFY, that Mrs. Sibilla deceased from 7-11-26 1926, to 7-21-26 1926, that I last saw her alive on 7-21-26 1926, and that death occurred on the date stated above at 8 a.m.

The CAUSE OF DEATH* was as follows:

Heart Exhaustion

(Duration) _____ yrs. _____ mos. 10 ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) F. H. Foley M. D.

7-22 1926 (Address) Central 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 Recent 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 Bluff DATE OF BURIAL July 27 1926

20 UNDERTAKER Arthur L. Mosley ADDRESS Central City, Ky.

MARGIN RESERVED FOR BINDING
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. Examine statement of OCCUPATION is very important. See instructions on back of certificate.