



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

1 PLACE OF DEATH

County Muhlenberg

Vol. No. Powderly Registration District No. 871

Ino. Town..... Primary Registration District No. 4473

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

2 FULL NAME Pearl Seagers

File No.

Registered No. 21278

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 8 22 1918
(Month) (Day) (Year)

7 AGE Still Born IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or occupation in which employed (or employer) none

9 BIRTHPLACE (State or country) Morgan Mines

10 NAME OF FATHER Walter Tooley

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co

12 MAIDEN NAME OF MOTHER Anna Saus Seagers

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mose Seagers

(Address) Morgan Mines

15 Filed Aug 27 1918 O. Wickliffe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 27, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 22, 1918, to Aug 22, 1918, that I last saw her at Stillborn, and that death occurred on the date stated above at 8:00 a.m. The CAUSE OF DEATH* was as follows:

Still Born
(Duration) ... yrs. ... mos. ... ds.

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

(Signed) J. B. Stator M. D. 8-27-1918 Address Greenville

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

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 DATE OF BURIAL Aug 27, 1918

20 UNDERTAKER ADDRESS None

WRITE PLAINLY, WITH UNFADING INK--THIS IS ALPHEM LEFT RECORD
 M. D.—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.
 NAMES RESERVED FOR INDEXING