

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County *Muhlenberg* File No. *24823*
 Vet. Pot. *Court House* Registration District No. *871* Registered No.
 Inc. Town Primary Registration District No. *2130*
 City (No. St. Ward)
 2 FULL NAME *Lucy Emily Searcy*

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *Sept 24 1916*
 (Month) (Day) (Year)

6 DATE OF BIRTH *June 22 1871*
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May 1*, 1915, to *Sept 24*, 1916, that I last saw her alive on *Sept 24*, 1916, and that death occurred on the date stated above at *2:30 P.M.* The CAUSE OF DEATH* was as follows:

7 AGE *45* yrs. *3* mos. *3* ds. IF LESS than 1 day... hrs. or... min.?

Pulmonary Tuberculosis
 (Duration) *1* yrs. *5* mos. ds.

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

Contributory (SECONDARY) (Duration) yrs. mos. ds.
 (Signed) *James W. ...* M. D.
Sept 24 1916 (Address) *Greenville, Ky.*

9 BIRTHPLACE (State or country) *Taylor Co. Ky.*

10 NAME OF FATHER *Jiles S. Cook*

11 BIRTHPLACE OF FATHER (State or country) *Taylor Co. Ky.*

12 MAIDEN NAME OF MOTHER *Eliabeth Miller*

13 BIRTHPLACE OF MOTHER (State or country) *Marion Co. Ky.*

*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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. M. Cook*
 (Address) *Greenville, Ky.*

19 PLACE OF BURIAL OR REMOVAL *Greenville, Ky.* DATE OF BURIAL *Sept 25, 1916*

15 File *9/24*, 1916 *C. B. W. ...* REGISTRAR

20 UNDERTAKER *McDonald ...* ADDRESS *Greenville, Ky.*

SEARCHED INDEXED FOR INTEREST

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. E.—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.