

**CERTIFICATE OF DEATH**

27869

1 PLACE OF DEATH

County *Muhlenberg*

Vet. Post *C House*

Ino. Town

City

Registration District No. *871*

Primary Registration District No. *7130*

File No. ....

Registered No. ....

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

2 FULL NAME *Julia Anne Smith*

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH *April 20, 1822*  
(Month) (Day) (Year)

7 AGE *99 yrs. 8 mos. 3 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) *Muhlenberg*

10 NAME OF FATHER *Amos Jenkins*

11 BIRTHPLACE OF FATHER (State or country) *Virginia*

12 MAIDEN NAME OF MOTHER *Grace*

13 BIRTHPLACE OF MOTHER (State or country) *Virginia*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *John F. Smith* (Address) *Greenwell, Ky.*

15 Filed *Mar 10, 1912* Registrar *Allen L. Roark*

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH *December 29, 1911*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct. 16, 1911, to Nov. 20, 1911*, that I last saw her alive on *Nov. 20, 1911* and that death occurred on the date stated above at ..... m. The CAUSE OF DEATH\* was as follows: *Bronchitis*

Contributory *Old age*  
(Duration) ... yrs. ... mos. ... ds.

(Signed) *L. P. Moore*, M. D.  
(Address) *Greenville, 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. 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 *Greenwell, Ky.* DATE OF BURIAL *Dec. 27, 1911*

20 UNDERTAKER *Allen L. Roark* ADDRESS *Greenville, Ky.*

N. B.—Every item of information should be carefully supplied. All names 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.