

Write plainly, with unbleached ink—This is a permanent record.

# TRANSPORTATION OF CORPSE

Form 7. 3. 05. 102. 1-15-14

Commonwealth of Kentucky

Transit Permit No.

## 1 PLACE OF DEATH

State of Kentucky,  
County of Muhlenburg  
City of Lebanon (No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

7135

20752

69  
If death occurred in a hospital or institution, give its name and number.

2 FULL NAME Jimmie Sigler

### Personal and Statistical Particulars

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (WRITE the word) <u>Married</u>
6 DATE OF BIRTH <u>July 25 1853</u> (Month) (Day) (Year)		

7 AGE  
59 yrs. 1 mo. 1 da.

8 OCCUPATION  
Employment work

9 BIRTHPLACE  
(State or country)  
Ky

PARENTS	10 NAME OF FATHER <u>Thomas J. Pool</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>
	12 MARRIED NAME OF MOTHER <u>Mary E. McMullen</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>

14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF  
(Informant)..... J. L. Thomas  
(Address)..... Lebanon, Ky

15 PLACE WHERE REMAINS ARE TO BE SENT  
Reburied by DATE OF SHIPMENT  
Aug 27 1914

SHIPPING UNDERTAKER  
J. L. Thomas  
FIRM NAME ADDRESS  
Lebanon

### Medical Certificate of Death

16 DATE OF DEATH  
Aug 26 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h..... alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on date stated above, at 10 \_\_\_\_\_ a. m.

The CAUSE OF DEATH\* was as follows:  
Lead to Be  
acute indigestion  
(No doctor.)  
.....(Duration)..... yrs..... mo. .... da.  
Contributory.....  
(Secondary).....  
.....(Duration)..... yrs..... mo. .... da.  
(Signed)..... M. D.  
....., 191 (Address).....

18 LENGTH OF RESIDENCE (For Hospital, Institution, Transients or Boarding Houses)  
At place of death..... yrs..... mo. .... da. In the State..... yrs..... mo. .... da.  
Where was disease contracted, if not at place of death?  
Former or usual residence.....

WRITE PLAINLY, WITH UNBLEACHED INK—THIS IS A PERMANENT RECORD.  
Every item of information should be carefully verified, and be stated EXACTLY. Investigate and 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.

If the body is to be buried within the State of Kentucky, the Receiving Undertaker will detach the Transit Permit at this point, and deliver it to the sexton or other persons in charge of the cemetery or burial ground where burial takes place.