

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

13188

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. Beach Creek
Inc. Town A. 22
City _____ (No. _____ St., _____ Ward)

File No. _____

Registered No. 18

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

2 FULL NAME Annie E. Sims

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH X June 23, 1990
(Month) (Day) (Year)

7 AGE X 24 yrs. 11 mos. 6 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 Co., Ky

10 NAME OF FATHER M. O. Blaine

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky

12 MAIDEN NAME OF MOTHER Mary C. Beach

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co., Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Larry Sims
(Address) Beach Creek, Ky

15 FILED 6-7, 1915 J. R. Kivmond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH May 29, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1915, to May 29, 1915, that I last saw him alive on May 10, 1915, and that death occurred, on the date stated above, at 4 m. The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
(Duration) One yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) R. B. Morris M. D.
May 29, 1915 (Address) Beach Creek, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL
(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCIENTS 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 Wyatt Chapel DATE OF BURIAL May 29, 1915
20 UNDERTAKER L. H. Stuart ADDRESS Beach Creek, Ky

MARGIN RESERVED FOR INDEXING WRITE PLAIN WITH UNFADING INK—THIS IS A PERSISTENT RECORD

2. B.—Every item of information should be carefully checked. 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.