

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

1 PLACE OF DEATH

County Mulhehburg

Vet. Pot. 5 Registration 1099

Ino. Town Drakesboro Primary Registration District No. 6881

City Still Creek St., Ward

2 FULL NAME Ellie Smith

File No. ....

Registered No. 91

(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 Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

16 DATE OF DEATH March 12, 1924  
(Month) (Day) (Year)

6 DATE OF BIRTH March 12, 1924  
(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 the date stated above at 5:30 am. The CAUSE OF DEATH\* was as follows:

7 AGE 5 Still Born IF LESS than 1 day, hrs. or min.?

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

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

Contributory (SECONDARY) None (Duration).... yrs.... mos.... ds. (Signed) J.P. Faralson, M. D. 3/19/1924 (Address) Drakesboro, Ky

9 BIRTHPLACE (State or country) Kentucky

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

10 NAME OF FATHER John Henry Smith

11 BIRTHPLACE OF FATHER (State or country) Alabama

12 MAIDEN NAME OF MOTHER Ruby Jett

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death.... yrs.... mos.... ds. State.... yrs.... mos.... ds. In the 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. H. Smith (Address) Drakesboro, Ky

19 PLACE OF BURIAL OR REMOVAL Smith (Drakesboro) DATE OF BURIAL 3-13-1924

15 Filed 3-19-1924 J. H. Smith REGISTRAR

20 UNDERTAKER J. H. Smith ADDRESS Drakesboro

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in their terms, so that it may be properly Med. Exact statement of OCCUPATION is very important. Let notions on back of certificate.