

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Muhlenberg

Vol. Pat. Hallsides 141

Inn. Town London

City London (No.) St. Ward

Registration District No. 1136

Primary Registration Dist. No.

File No. 23308

Registered No. 24

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

FULL NAME Aminda Smith

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE C SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

DATE OF DEATH Sept. 24, 1912
(Month) (Day) (Year)

DATE OF BIRTH Unknown
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 8/17, 1912, to 8/23, 1912,

AGE 80 yrs. mos. ds. If LESS than 1 day... hrs. or... min.?

that I last saw her alive on Sept 23, 1912, and that death occurred, on the date stated above, at 3 AM.

OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Housekeeper

The CAUSE OF DEATH* was as follows:
Paralysis

BIRTHPLACE (State or country) Ohio, Co.

10 NAME OF FATHER James Jackson

Contributory (Secondary) (Duration) yrs. mos. ds.

11 BIRTHPLACE OF FATHER (State or country) not known

(Signed) A. Cornblith M.D.
Sept 24, 1912 (Address) Greenville, Ky

12 MAIDEN NAME OF MOTHER not known

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

13 BIRTHPLACE OF MOTHER (State or country) not known

(3) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death... yrs... mos... ds. In the State... yrs... mos... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Zalysa Louche (Address) London, Ky

Where was disease contracted, if not at place of death? Former or usual residence

15 Mrs Aminda Smith Registrar

19 PLACE OF BURIAL OR REMOVAL Greenville DATE OF BURIAL Sept 29, 1912

SEP 25 1912

20 UNDERTAKER Wm O. Good ADDRESS Greenville

All entries on this form should be made in ink. Entries in pencil or in red ink are not acceptable. Entries in red ink are not acceptable. Entries in red ink are not acceptable.