

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

20315

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. 25

Registration District No. 872

Ino. Town Drakesboro Primary Registration District No. 7125

City (No. St., Ward)

2 FULL NAME Angeline Smith

File No.

Registered No. 35

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 16, 1901
(Month) (Day) (Year)

7 AGE 20 yrs. ... mos. ... 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) Russellville Ky

10 NAME OF FATHER Sylvester Adams

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER J. Morehead

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Henry Smith
(Address) Drakesboro Ky

15 Filed Sept 4 1921 J.R. Kimmel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 3, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1921, to Sept 3, 1921, that I last saw her alive on Sept 3, 1921, and that death occurred on the date stated above at 6 P.m. The CAUSE OF DEATH* was as follows:

Tuberculosis of Lunge
(Duration) 1 yrs. ... mos. ... ds.

Contributory (SECONDARY)

(Signed) H.D. Newman M.D. (Address) Drakesboro 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, TRAVELERS OR RECENT RESIDENTS)

At place in the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Summer or usual residence

19 PLACE OF BURIAL OR REMOVAL Smith's Graveyard DATE OF BURIAL Sept 4, 1921

20 UNDERTAKER J.R. Kimmel Drakesboro (Address)

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

Ky.