

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Mullens
 Vol. No. 75 Registration District No. 2125 File No. 31813
 Town Browder Primary Registration Dist. No. _____ Registered No. 31
 City _____ (No. _____) (St. _____) Ward _____
 FULL NAME Dorothy Ann Smith

If such occurred in
 a hospital or other
 institution, give the name
 of such institution.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>Black</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>not definitely known</u>		
AGE <u>93 or about</u>		
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>At Home</u>		
BIRTHPLACE (State or country) <u>United States</u>		
NAME OF FATHER <u>Not known</u>		
BIRTHPLACE OF FATHER (State or country) <u>United States</u>		
MAIDEN NAME OF MOTHER <u>Not known</u>		
BIRTHPLACE OF MOTHER (State or country) <u>United States</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>Dec. 6, 1912</u>
I HEREBY CERTIFY, That I attended deceased from <u>Nov. 29, 1912</u> to <u>Dec 6, 1912</u> that I last saw <u>her</u> alive on <u>Dec 3, 1912</u> and that death occurred, on the date stated above, at <u>her</u> home. The CAUSE OF DEATH* was as follows: <u>Rheumatism</u>
Contributory (Secondary) <u>None</u>
(Signed) <u>A. Newman</u> <u>Dec 7, 1912</u> (Address) <u>Drakesboro</u>

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

(13) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients 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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) R. M. Smith
 (Address) Drakesboro, Ky.

J. K. Kimmel
 REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Trinity Chappel</u>	DATE OF BURIAL <u>12-7-1912</u>
ADDRESS <u>J. J. House & Co Drakesboro</u>	

Be sure that all information on this certificate is correct. All deaths should be reported to the health officer of the county in which they occur, so that a copy may be properly classified. Every statement of occurrence is very important. See instructions on back of certificate.