

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

File No. **20874**  
Registered No. **29**

**1 PLACE OF DEATH**  
County Muhlenberg  
Vot. Pct. 32  
Inc. Town Drakesboro  
City (No. St. Ward)

Registration District No. 1088  
Primary Registration District No. 2437

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

**2 FULL NAME** Laura Ann Smith

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female **4 COLOR OR RACE** Col. **5 Single Married Widowed or Divorced (Write the word)** widow

**6 DATE OF BIRTH** 1959  
(Month) (Day) (Year)

**7 AGE** 69 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) Dr. Carroll Ky.

**10 NAME OF FATHER** Thomas Gardner

**11 BIRTHPLACE OF FATHER** (State or country) Not known

**12 MAIDEN NAME OF MOTHER** Not known

**13 BIRTHPLACE OF MOTHER** (State or country) Not known

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Geo. Smith

(Address) Drakesboro Ky

**15 Filed** 8/29, 1928 J.R. Kimmel  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Aug 23, 1928  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended deceased from June 17, 1928, to Aug 23, 1928, that I last saw her alive on Aug 22, 1928, and that death occurred on the date stated above at 1 1/2 p.m.

The CAUSE OF DEATH\* was as follows:

Asenoma of the lungs

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Contributory (Secondary) Hepatic Cirrhosis

(Duration) 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) Robert J. Bailey, M.D.  
Aug 24, 1928 (Address) Centerville

\*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, Transients or Recent Residents)

at place \_\_\_\_\_ in the  
of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Where was disease contracted,

if not at place of death? \_\_\_\_\_  
Former or  
usual residence \_\_\_\_\_

**19 PLACE OF BURIAL OR REMOVAL** Drakesboro Ky **DATE OF BURIAL** 8-25, 1928

**20 UNDERTAKER** Fisher & Moran **ADDRESS** Drakesboro Ky