

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

PLACE OF DEATH
County Muhlenberg
Vot. Prec. Beech Creek
Ino. Town A 22
City —
FULL NAME Sovilla Smith

Registration District No. 872
Primary Registration District No. 225A
8421
No. — St. — Ward —

File No. 27936
Registered No. 36

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 28 1875
(Month) (Day) (Year)

7 AGE 39 yrs. 10 mos. 13 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) Muhlenberg Co., Ky.

10 NAME OF FATHER Alfred Buchanan

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky.

12 MAIDEN NAME OF MOTHER Jeanetta Smith

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co., Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. Morris
(Address) Beech Creek, Ky.

15 Filed Dec 8 1915 J. H. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 11 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1915, to Nov 11, 1915, that I last saw him alive on Nov 11, 1915, and that death occurred on the date stated above at — m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. — mos. — ds.
Contributory (SECONDARY) —
(Duration) — yrs. — mos. — ds.

(Signed) Robert Morris, M. D.
Nov 11 1915 (Address) Beech Creek, 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, 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 —

19 PLACE OF BURIAL OR REMOVAL Hazel Creek DATE OF BURIAL Nov 12 1915

20 UNDERTAKER L. H. Stuart ADDRESS Beech Creek Ky.

WRITE PLAINLY WITH SPACING. THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully verified. All entries should be made EXACTLY. ENTIRE CARE SHOULD BE TAKEN TO SECURE CORRECT SPELLING. CAUSE OF DEATH in plain terms, so that it may be properly classified. Every instance of OCCUPATION is very important. See instructions on back of certificate.