

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Mulhearnburg

Vot. Pot. Nelson Creek Ky.

Ino. Town \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 11254

Registered No. \_\_\_\_\_  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Ollie B. Smith

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 1, 1912  
(Month) (Day) (Year)

7 AGE 7 yrs. 13 mos. 13 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Drakesboro.

10 NAME OF FATHER Earlie Smith

11 BIRTHPLACE OF FATHER (State or country) Ga.

12 MAIDEN NAME OF MOTHER Marietta Bostie

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Marietta Bostie  
 (Address) Wartwick Ky.

15 Filed May 5, 1913 M. J. Staples  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 14th, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 6, 1913, to Apr 14, 1913, that I last saw her alive on Apr 14, 1913, and that death occurred, on the date stated above, at 5 P.M.  
 The CAUSE OF DEATH\* was as follows:

apoplexy.

(Duration) 7 yrs. 7 mos. 7 ds.  
 Contributory Bronchial trouble  
(SECONDARY)  
 (Duration) 2 yrs. 2 mos. 2 ds.  
 (Signed) Dr. W. H. Wilson, M. D.  
 (Address) Clanton, Ky.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (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 4 yrs. 4 mos. 4 ds. In the State 4 yrs. 4 mos. 4 ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence Drakesboro Ky

19 PLACE OF BURIAL, OR REMOVAL Moppins Burial DATE OF BURIAL Apr 15 1913  
 20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

M. D.—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.