FORM V S 1-500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2828

File No. .....

Registered No. 6

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. #5 Registration District No. 872

Ino. Town Drakesboro No. Primary Registration District No. 7125

City ..... No. ..... St. ..... Ward)

2 FULL NAME Susie Savannah Smith

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June (Month) 29 (Day), 1895 (Year)

7 AGE 20 yrs. 7 mos. — ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Drakesboro, Ky

PARENTS

10 NAME OF FATHER John H. Smith

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Susie Brown

13 BIRTHPLACE OF MOTHER (State or country) Tuscaloosa Ala

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Scott Smith

(Address) Drakesboro Ky

15 Filed 2-1, 1916 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 29 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1916, to Jan 29, 1916, that I last saw h[illegible] alive on Jan 29, 1916, and that death occurred on the date stated above at 11:30 p m. The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) .... yrs. .... mos. 1/2 hr.

Contributory (SECONDARY) Endocarditis

(Duration) .... yrs. 4 mos. .... ds.

(Signed) H D Newman, M. D.

Feb 1, 1916 (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, 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 Smith's Graveyard

DATE OF BURIAL Feb 1, 1916

20 UNDERTAKER James E George

ADDRESS Greenville, Ky.

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.

11—3184