

Commonwealth of Kentucky

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Muhlenberg

Vol. Pot.

21

Registration District

270

Ino. Town

City

Central City Ky

Primary Registration District No.

2435

(No.)

St.

Ward)

2 FULL NAME

Fannie Spaine

File No. 19122

Registered No. 24

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

June 20, 1892
(Month) (Day) (Year)

7 AGE

78 yrs. 12 mos. ds.

IF LESS than
1 day ... hrs.
or ... min.?

8 OCCUPATION

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

9 BIRTHPLACE (State or country)

Ind

10 NAME OF FATHER

David Spaine

11 BIRTHPLACE OF FATHER (State or country)

Va

12 MAIDEN NAME OF MOTHER

Nancy Baldwin

13 BIRTHPLACE OF MOTHER (State or country)

Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Harry Frost

(Address)

Central City Ky

15

Filed

7/6/20 A. L. Blanford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 2, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from May 5, 1920, to July 2, 1920,
that I last saw her alive on July 2, 1920,
and that death occurred on the date stated above
at 2:30 p.m. The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

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

Contributory

Falcine Parasitosis of

Intestine (Duration) ... yrs. ... mos. ... ds.

(Signed) Clarence H. Hurdum, M. D.

July 2, 1920 (Address) Clarence Hurdum

*State the DISEASE CAUSING DEATH, if known, and (1) MEANS OF INJURY; and (2) whether it was a FATAL ACCIDENT.

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 CREMATION

Francis Chapel July 5, 1920

20 UNDERTAKER

Martin Moore Central City Ky.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERM. ENT RECORD

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.