

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33176

1 PLACE OF DEATH
 County Muhlenberg
 Vol. No. West Central City
 Inc. Town _____
 City Central City, Ky. No. _____ St. _____ Ward _____

870
7123

File No. _____
 Registered No. 47

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

2 FULL NAME Eliza Ann Spears

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

10 DATE OF DEATH December 9th, 1913
(Month) (Day) (Year)

6 DATE OF BIRTH August 11, 1824
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from did not attend her Was not died 1913, to Dec 9, 1913.

7 AGE 89 yrs. 3 mos. 28 ds. If LESS than 1 day... hrs. or... min.?

that I last saw her alive on March 10, 1912, and that death occurred, on the date stated above, at 1 P.m.

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

The CAUSE OF DEATH was as follows:
Infirmities of old age
weakened heart

9 BIRTHPLACE (State or Country) Wilson County, Tenn.

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

PARENTS
 10 NAME OF FATHER Daniel Jackson
 11 BIRTHPLACE OF FATHER (State or Country) Virginia
 12 MAIDEN NAME OF MOTHER Sallie Jackson
 13 BIRTHPLACE OF MOTHER (State or Country) Virginia

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. R. McDowell, M. D.
Dec 10, 1913 (Address) Central City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) L. D. Spears
 (Address) Central City, Ky.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.
 (15) 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 _____

15 Filed Dec 10, 1913 D. L. Blandford
 REGISTRAR

16 PLACE OF BURIAL OR REMOVAL 1 1/2 miles S. Greenville DATE OF BURIAL Dec 11, 1913
Spears / Surgery
 17 UNDERTAKER Martin Mann ADDRESS Central City

T. B.—Every item of information about a death should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. Exact amount of OCCUPATION is very important. See instructions on back of certificate.