

DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*Vol. No. *W 3033*

Ino. Town

City

Registration District No. *971*Primary Registration District No. *4133*

(No.)

St., Ward

File No. *9098*

Registered No.

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

2 FULL NAME *Rebecca Spurlin*

PERSONAL AND STATISTICAL PARTICULARS

 SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*
 (Write the word)
3 DATE OF BIRTH *Oct. 19, 1849*
 (Month) (Day) (Year)
7 AGE *67* yrs. *4* mos. *23* 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) *Muhlenberg Co. Ky*10 NAME OF FATHER *Lissy Spurlin*11 BIRTHPLACE OF FATHER (State or country) *N. Carolina*12 MAIDEN NAME OF MOTHER *Fannie Murphy*13 BIRTHPLACE OF MOTHER (State or country) *Not known*

14 IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mar. J. T. Spurlin*(Address) *Duport, Ky*15 Filed *3/14/1917* *C. B. Hancock* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 13, 1917*
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from *Feb. 24, 1917*, to *March 9, 1917*, that I last saw her alive on *March 7, 1917*, and that death occurred on the date stated above at *11:30 A.M.* The CAUSE OF DEATH* was as follows:
Hemiplegia
Contributory (SECONDARY) (Duration) *7* yrs. *7* mos. *7* ds.(Signed) *J. P. Wilson, M. D.*
3-15-1917 (Address) *Greenville, 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 *7* yrs. *7* mos. *7* ds. In the State *7* yrs. *7* mos. *7* ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Green Grove B.G.* DATE OF BURIAL *3/14, 1917*20 UNDERTAKER *M. S. Soward & DeWitt* ADDRESS *Greenville, Ky*
 STATE PLAIN WITH SEPARATE INC.—THIS IS A PREPARED FORM
 Every death certificate is checked and filed in the Bureau of Vital Statistics, Department of Health, Louisville, Kentucky. It is important that you fill out this certificate correctly and legibly. If you are in doubt, consult the Registrar of your county. This form is provided for the use of the public.