

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*

Vol. Fol. ....

*7128*

File No. *15771*

Inc. Town .....

Registered No. *712*

City *Yosh* (No. .... St. .... Ward .....

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

2 FULL NAME *Lucinda Stanley*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH ..... 1 (Year) (Month) (Day)

7 AGE *73* yrs. .... mos. .... ds. If LESS than 1 day .... hrs. or .... min.?

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

9 BIRTHPLACE (state or country) *Ky.*

PARENTS

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (State or country) .....

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (State or country) .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *B. M. Bentley* (Address) *Parrod Ky.*

15 Filed *July 19, 1912* *M. E. Bentley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 19, 1912* (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191... to ..... 191... that I last saw h... alive on ..... 191... and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH\* was as follows: *Senility*

(Duration) .... yrs. .... mos. .... ds. Contributory (SECONDARY) (Duration) .... yrs. .... mos. .... ds. (Signed) ..... M. D. .... 191... (Address) .....

\*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 *Union Ridge Cem.* DATE OF BURIAL *June 20, 1912*

20 UNDERTAKER *E. H. Brown* ADDRESS *Parrod*

7. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.