FORM V S 1-200M 3-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. West Baggus (?) Registration District No. 871 File No. 26807

Inc. Town Primary Registration District No. 2132 Registered No. 93

City (No. St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Sallie 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 Oct 14, 1880 (Month) (Day) (Year)

7 AGE 34 yrs. ... mos. 12 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Ohio County Ky

PARENTS

10 NAME OF FATHER Steve Cotton

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Lolitha Cotton

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Peter Stanley

(Address) Depoy Ky

15

Filed Oct 27 1914 W. H. Brannell (?) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 26 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1914, to Oct 24, 1914, that I last saw her alive on Oct 24, 1914, and that death occurred on the date stated above at 10 a.m. The CAUSE OF DEATH* was as follows:

Pericarditis

(Duration) ... yrs. ... mos. 30 ds.

Contributory (SECONDARY) Tuberculosis

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

(Signed) B. G. Argabrite, M. D.

10/27, 1914 (Address) Depoy

*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 Byles Cemetary

DATE OF BURIAL 10/27, 1914

20 UNDERTAKER Shannon Mercer Bros

ADDRESS Depoy 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

11—3194