

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

1 PLACE OF DEATH

County Muhlenburg

Vol. Co. Carrollton

Registration District No. 7121

Ino. Town

Primary Registration District No.

City

(No.

St.

Ward

2 FULL NAME

Thomas R. Stator

File No. 18474

Registered No. 7817

(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) widowed

6 DATE OF BIRTH Apr 2 1881
(Month) (Day) (Year)

7 AGE 53 yrs. 1 mo. 17 ds. IF LESS than 1 day... 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) At Home

9 BIRTHPLACE (State or county) Butter Co. Ky.

10 NAME OF FATHER Harrison McKinney

11 BIRTHPLACE OF FATHER (State or county) Butter Co. Ky.

12 MAIDEN NAME OF MOTHER Miss Stiles

13 BIRTHPLACE OF MOTHER (State or county) Butter Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sam Thompson
(Address) So. Carrollton Ky.

15 Filed Jan 14, 1914 A. G. Hoche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 16 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1914, to June 16, 1914, they last saw her alive on June 14, 1914, and that death occurred on the date stated above at 10 a.m. The CAUSE OF DEATH was as follows

Diphtheria complicating following pneumonia (secondary)

(Duration) ... yrs. ... mos. ... ds. Contributory (SECONDARY)

(Signed) J. H. Hays M. D. June 14, 1914 (Address) So. Carrollton 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 ... 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 Shaver Chapel DATE OF BURIAL June 17, 1914

20 UNDERTAKER Ben Stewart ADDRESS Benton Ky.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. E. E.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should state CAUSE OF DEATH in plain terms, so that it may be properly interpreted. INSTRUCTIONS on back of certificate are very important. See instructions on back of certificate.