FORM V. S. 1-500M. 6-20-11

12170

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

File No. .....

Registered No. 12

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. 5

Registration District No. 872

Primary Registration District No. 7125

Inc. Town Drakesboro Ky

City ..... (No. ..... St., ... Ward)

2 FULL NAME Gertie Stewart

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

BLANKS REQUIRED FOR ANSWERS

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: January 11th, 1913 (Month) (Day) (Year)

7 AGE: 4 yrs. 3 mos. 10 ds.

IF LESS than 1 day . . hrs. or . . min.?

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

9 BIRTHPLACE (State or country): Hartwick Ky

PARENTS

10 NAME OF FATHER: Guy Stewart

11 BIRTHPLACE OF FATHER (State or country): Horse Branch Ky

12 MAIDEN NAME OF MOTHER: Kaliemay Arnold

13 BIRTHPLACE OF MOTHER (State or country): Horse Branch Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Father of Child

(Address) Drakesboro Ky

15

Filed Apr. 24, 1917 J. R. Kimmel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 24 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1917, to April 24, 1917, that I last saw her alive on April 23, 1917, and that death occurred on the date stated above at 1 a. m. The CAUSE OF DEATH* was as follows:

Bronchitis Influenza by Suppression of Urine and Convulsions

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

Contributory (SECONDARY) .....

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

(Signed) J. D. Cansdiff, M. D.

April 24, 1917. (Address) Drakesboro 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: Horse Branch Ky

DATE OF BURIAL: Apr. 25, 1917

20 UNDERTAKER: C. G. Bridges

ADDRESS: O'Bon Ky

11—3164