

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pct. West side
Inc. Town
City Central City No. _____ St. _____ Ward _____

870
7123

File No. 2595E

Registered No. 49

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

2 FULL NAME Myrtle Sublett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(If wife the word)

6 DATE OF BIRTH Aug 17, 1870
(Month) (Day) (Year)

7 AGE 42 yrs. 1 mo. 23 ds. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Warren Co Ky

PARENTS
10 NAME OF FATHER David Horton
11 BIRTHPLACE OF FATHER (State or country) Warren Co Ky
12 MAIDEN NAME OF MOTHER Puss Hines
13 BIRTHPLACE OF MOTHER (State or country) Warren Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jess Sublett
(Address) Central City Ky

15 Filed Oct 11, 1912 A. S. Handford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 7, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1912, to Oct 9, 1912, that I last saw her alive on Oct 9, 1912, and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 2 yrs. ... mo. ... ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. ... mo. ... ds.

(Signed) W. P. McDowell, M. D.
Oct 11, 1912 (Address) Central City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDE.

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mo. ... ds. In the State ... yrs. ... mo. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL C. C. & J. C. Burging DATE OF BURIAL Oct 10, 1912

20 UNDERTAKER, Martin Moore ADDRESS Central City

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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.