

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

PLACE OF DEATH
County MitchellVol. Pat. W. Rogers 13

Inc. Town.....

City.....

Registration District No. 871Primary Registration Dist. No. 7133File No. 25963Registered No. 90FULL NAME Dicie Francis Sullivan

[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) married

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

7 AGE 46 yrs. mos. ds. If LESS than 1 day hrs. or min.?

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

9 BIRTHPLACE (State or country) Dade County, Georgia

10 NAME OF FATHER Ellis Kennedy

11 BIRTHPLACE OF FATHER (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Margaret Morgan

13 BIRTHPLACE OF MOTHER (State or country) Georgia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Sullivan

(Address) Luganville, Ky

15 DATE OF DEATH OCT. 7, 1912 W. H. Sullivan

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1912, to Oct 1, 1912, that I last saw him alive on Oct 1, 1912, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Stomach trouble

(Duration) yrs. mos. ds.

Contributory (Secondary).....

(Duration) yrs. mos. ds.

(Signed) Chas. M. Martin, M. D.
Oct 7, 1912 (Address) Greenville 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 Evergreen Cem. Louisville Ky DATE OF BURIAL Oct. 8, 1912

20 UNDERTAKER W. B. McDonald ADDRESS Greenville Ky

WRITE PLAINLY, WITH CAREFULNESS AND THIS IS A PERMANENT RECORD

U. S.—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.