

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 20883
Registered No. _____

1 PLACE OF DEATH

County MuhlenbergVot. Pct. Hillside

Inc. Town _____

City _____

Registration District No. 1089Primary Registration District No. x

(No. _____ St. _____ Ward _____)

2 FULL NAME Mrs. Malva 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) Widowed

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

7 AGE 20 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION (a) Trade, profession or particular kind of work at home (b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.10 NAME OF FATHER John A. Brown11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Maggie Ehlshick13 BIRTHPLACE OF MOTHER Ky.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm. Ehlshick(Address) Murcer, Ky.15 Filed 8/9/28 1928 C. B. Wickliffe, RegistrarBy M. Wells

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 9, 1928 (Month) _____ (Day) _____ (Year)17 I HEREBY CERTIFY, That I attended deceased from _____ 1928 to _____ 1928, that I last saw him alive on _____ 1928, and that death occurred on the date stated above at 5 A.M.The CAUSE OF DEATH* was as follows:
No. Physician in attendance such leaving
Walter State Hospital about
1 month ago. mos. _____ ds. _____

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Wm. Ehlshick (Address) Greenwell, Ky.
Aug 7, 1928

*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. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Madison 134 Jan 10, 192820 UNDERTAKER ADDRESS M. B. McDonald Greenwell, Ky.

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

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. Statement of OCCUPATION is very important. See instructions on back of certificate.