

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

PLACE OF DEATH  
County Muhlenberg

Vol. No. 13 Registration District No. 7135

Ino. Town Cleaton Primary Registration District No. ....

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

FULL NAME Opal P Sullivan

File No. 27598

Registered No. ....

(If death occurred in a hospital or institution, give its name, number of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH May 14, 1912

7 AGE 1 yrs. 4 mos. 8 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. None (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Carl Sullivan

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Mamine Jackson

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Carl Sullivan

(Address) Cleaton

15 Filed Nov. 11, 1914 W. H. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 2, 1914

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1914, to Oct 2, 1914, that I last saw him alive on Oct 2, 1914,

and that death occurred on the date stated above at 11 a.m. The CAUSE OF DEATH\* was as follows: Gastric enteritis & Nephritis

(Duration) 4 mos. 5 ds.

Contributory (SECONDARY) (Duration) 4 mos. 5 ds.

(Signed) W. H. Moore, M. D. Oct 3, 1914 (Address) Cleaton, 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 4 mos. 5 ds. In the State 4 mos. 5 ds.

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

19 PLACE OF BURIAL OR REMOVAL Mellor Run, Ky DATE OF BURIAL Oct 4, 1914

20 UNDERTAKER J. L. Thomas ADDRESS Cleaton, Ky

DELAY

WRITE PLAINLY WITH INK. THIS IS AN IMPORTANT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be readily classified. Short statement of OCCUPATION is very important. See instructions on back of certificate.