

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30405

1 PLACE OF DEATH

County MuhlenbergVot. Pct. Wart RoggusInc. Town GreenvilleCity GreenvilleRegistration District No. 1095Primary Registration District No. 6833

(No. St. Ward)

File No. _____

Registered No. _____

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

2 FULL NAME Tabetha Sweatt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE col. 5 Single Married married Widowed Divorced (Write the word)

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

7 AGE 60 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) Home work9 BIRTHPLACE (State or country) Greenville Ky.10 NAME OF FATHER Riley Lewis11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Ellen Ware13 BIRTHPLACE OF MOTHER (State or country) Greenville Ky.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Gordon Sweatt(Address) Greenville, Ky.15 Filed 1/27/25, 1925 CD Welliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 20, 1925 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Dec 20, 1925, that I last saw her alive on Dec 18, 1925, and that death occurred on the date stated above at 3 P m.The CAUSE OF DEATH* was as follows: Acute Paratyphoid
Nephritis
(Duration) yrs. _____ mos. 15 ds.Contributory Acute Cellulitis
(Secondary) (Duration) yrs. 3 mos. _____ ds.(Signed) Charles E. ... M. D. 1/20, 1925 (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 _____ 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 West End Greenville DATE OF BURIAL 12-17, 192520 UNDERTAKER Jon E. George ADDRESS h. h. 147cc/1452
7-2-36