

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5404

1 PLACE OF DEATH
 County Muhlenberg
 Vol. Pat. 15
 Inc. Town Paris, Ky.
 City (No. _____ St.) _____ Ward _____

Registration District No. 1130
 Primary Registration Dist. No. _____

File No. _____

Registered No. 6

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

3 FULL NAME Elmer Luning

PERSONAL AND STATISTICAL PARTICULARS

4 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>July 18, 1888</u> (Month) (Day) (Year)		
7 AGE <u>29</u> yrs. <u>10</u> mos. <u>18</u> 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) <u>housewife</u>		
9 BIRTHPLACE (State or country) <u>Pa.</u>		

PARENTS

10 NAME OF FATHER <u>Charles Ford</u>
11 BIRTHPLACE OF FATHER (State or country) <u>Pa.</u>
12 MAIDEN NAME OF MOTHER <u>Mary Meyer</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>Pa.</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Ford
 (Address) Paris, Ky.

15 Filed 2-7, 1918 at Paris, Ky.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH <u>Feb 6, 1918</u> (Month) (Day) (Year)
17 HEREBY CERTIFY, That I attended deceased from <u>July 7, 1918</u> , to <u>Feb 6, 1918</u> , that I last saw her alive on <u>9/6, 1918</u> , and that death occurred, on the date stated above, at <u>9</u> a.m. The CAUSE OF DEATH* was as follows: <u>Public exposure of</u> <u>Coryza and cough</u> (Duration) ____ yrs. ____ mos. ____ ds.
Contributory (SECONDARY) _____ (Signed) <u>C. D. Adams</u> , M. D. <u>of</u> 191 <u>8</u> (Address) <u>Celator, Ky.</u>

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, 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 <u>Paris, Ky.</u>	DATE OF BURIAL <u>2-7</u> , 191 <u>8</u>
20 UNDERTAKER <u>J. L. Thomas</u>	ADDRESS <u>Celator</u>