

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

3095

1 PLACE OF DEATH

County

Muhlenberg

Vet. Post

M. B. Rogers

Registration District No.

871

Ino. Town

Primary Registration District No.

7137

City

Perry

(No.

St.,

Ward)

2 FULL NAME

Tanner

File No.

Registered No.

(If death occurred in a hospital or institution, give the building, street and number.)

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *single*
6 DATE OF BIRTH *Feb 6, 1917*
(Month) (Day) (Year)

7 AGE yrs. mos. 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) *Muhlenberg Co. Ky*10 NAME OF FATHER *Finis Tanner*11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co. Ky*12 MAIDEN NAME OF MOTHER *Rhoda Morris*13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co. Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *H. B. Weeks*(Address) *Luzerne Ky*15 Filed *2/8, 1917*REGISTRAR *J. P. McCallister*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *2-6-17* 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191..... to..... 191..... that I last saw h..... alive on..... 191..... and that death occurred on the date stated above at..... m. The CAUSE OF DEATH* was as follows:

Brain Head

..... (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *J. P. McCallister, M. D.*
202 E. ... 1917 (Address) *Greenfield*

*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

Vincent Bk.

DATE OF BURIAL

Feb. 7, 1917

20 UNDERTAKER

McDonald & Dewitt Greenfield

ADDRESS

L. 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.