

Commonwealth of Kentucky

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF DEATH  
County Macklesburg CERTIFICATE OF DEATH

Vet. Pat. \_\_\_\_\_ Registration District No. 870 File No. 19270

Inc. Town \_\_\_\_\_ Primary Registration Dist. No. 2435 Registered No. 26

City Central City, Ky. St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME Christine Fords Tappan

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White MARRIAGE STATUS widow  
(Write the word)

DATE OF DEATH July 18, 1914  
(Month) (Day) (Year)

DATE OF BIRTH Nov. 23, 1857  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 10, 1914, to July 18, 1914, that I last saw her alive on July 15, 1914, and that death occurred, on the date stated above, at her home.

AGE 56 - 7 - 25 yrs. mos. ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

THE CAUSE OF DEATH\* was as follows:  
Pallaya

OCCUPATION (a) Trade, profession, or particular kind of work watchmaker  
(b) General nature of industry, business, or establishment in which employed (or employer)

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Contributory (secondary) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) J. P. Walker M. D.  
July 18, 1914 (Address) Central City, Ky.

BIRTHPLACE (State or country) South Carolina

NAME OF FATHER Charles Henry Tappan

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Angeline M. Howard

BIRTHPLACE OF MOTHER (State or country) New Jersey

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. C. Tappan  
(Address) 1 Northford St.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state the MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL OR BURNING.

(1) 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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL South Carolina

DATE OF BURIAL 7/19/1914

FILED July 18, 1914 A. L. S. Landford REGISTRAR

UNDERTAKER Mathie Moore ADDRESS Central City, Ky.

BE CAREFUL OF INFORMATION ON THIS CARD. ALL INFORMATION SHOULD BE CHECKED FOR ACCURACY AND CORRECTED IF NECESSARY. THE INFORMATION SHOULD BE CHECKED FOR ACCURACY AND CORRECTED IF NECESSARY. THE INFORMATION SHOULD BE CHECKED FOR ACCURACY AND CORRECTED IF NECESSARY.