

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

1 PLACE OF DEATH
County *Muhlenberg*

Vet. Pat.

Registration District No. *1087*

File No. *12021*

Ino. Town *Central City*

Primary Registration District No. *2435*

Registered No. *321*

City *Central City* (No. St., Ward)

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

3 FULL NAME *Sarah Jett*

PERSONAL AND STATISTICAL PARTICULARS

2 SEX *Female* 4 COLOR OR RACE *col.* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) *widow*

6 DATE OF BIRTH *April 26*, 18*84*
(Month) (Day) (Year)

7 AGE *82* yrs. *6* mos. *0* 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) *house wife*

9 BIRTHPLACE (State or country) *Muhlenberg*

10 NAME OF FATHER *John Wells*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg*

12 MAIDEN NAME OF MOTHER *Jane Evans*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *John Jett*

(Address) *Central City*

15 Filed *4/26*, 19*23*, *C. L. Bluffhard* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *4* *26*, 19*23*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *4/18/23*, 19*23*, to *4/26/23*, 19*23*, that I last saw her alive on *4/26/23*, 19*23*,

and that death occurred on the date stated above at *2 P.M.* The CAUSE OF DEATH was as follows: *Carda act Arthra*

(Duration) *1* yrs. mos. ds. Contributory (SECONDARY) *Bronchitis* (Duration) *5* yrs. mos. ds.

(Signed) *Robert Thomas Parke, M. D.* *4/26/23* (Address) *Central City*

*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, TEAS-ENTS 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 *widow's place* DATE OF BURIAL *April 28 1923*

20 UNDERTAKER *James B. George* ADDRESS *Central City*

N. B.—Every item of information should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.