

CERTIFICATE OF DEATH

28754

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot.

15

Registration District No. *7138*

Ino. Town

Teleator Twp

Primary Registration District No.

City

(No.

St.,

Ward

2 FULL NAME

Opal Louise Trolley

File No.

Registered No. *70*

(If death occurred in a hospital or institution, give its NAME instead of 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 *March 27, 1916*
(Month) (Day) (Year)

7 AGE *1 yrs. 6 mos. 6 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)

9 BIRTHPLACE (State or country) *Kentucky*

10 NAME OF FATHER *Dan Trolley*

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

12 MAIDEN NAME OF MOTHER *Bertude Newallen*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Dan Trolley* (Address) *Bevin*

15 Filed *10-31-1917* *V. Hillman* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 20, 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Aug 19, 1917*, to *Sept 20, 1917*, that I last saw him alive on *Sept 20, 1917*

and that death occurred on the date stated above at *7 P.M.* The CAUSE OF DEATH* was as follows:

Yuker eulosa
lung

(Duration) *7* yrs. *7* mos. *7* ds.

Contributory (SECONDARY) (Duration) *7* yrs. *7* mos. *7* ds.
(Signed) *E. D. Shuman*, M. D. *Sept 30, 1917* (Address) *Teleator*

*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 *7* yrs. *7* mos. *7* ds. State *7* yrs. *7* mos. *7* ds.
Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Wickliff & Y* DATE OF BURIAL *Oct 31, 1917*

20 UNDERTAKER *J. L. Thomas* ADDRESS *Teleator*

SEARCHED INDEXED FOR DUPLICATION

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. 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.