

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

1 PLACE OF DEATH

County *Muhlenberg*

Vol. Pat. *Beach Cr.*

Inc. Town

City

Registration District No. *272*

Primary Registration District No. *7125a*

(No. .... St., .... Ward)

File No. .... *26810* ...

Registered No. .... *44* ...

(If such record is to be made in the State of Kentucky, the date of death must be stated.)

2 FULL NAME *Edna Tucker*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Infant*  
(Write the word)

6 DATE OF BIRTH *Oct 22 1914*  
(Month) (Day) (Year)

7 AGE *Infant* IF LESS than 1 day ... hrs. or ... min.?  
yrs. ... mos. ... ds.

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

**STILLBIRTH**

9 BIRTHPLACE (State or country) *Kentucky*

PARENTS  
10 NAME OF FATHER *J. H. Tucker*  
11 BIRTHPLACE OF FATHER (State or country) *Tex.*  
12 MAIDEN NAME OF MOTHER *Arnold*  
13 BIRTHPLACE OF MOTHER (State or country) *Iga*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *G. D. Tucker*  
(Address) *Beach creek Ky.*

15 *Filed 11/9 1914 J. H. Kinnaman*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct. 22 1914*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 22, 1914* to *Oct 22, 1914*, 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:

*Still Born*

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

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) *T. B. Slighter*, M. D.  
....., 191... (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. 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 *Ball Burial Place* DATE OF BURIAL *11-23 1914*

20 UNDERTAKER *L. H. Stuart* ADDRESS *Beach creek Ky.*

WITH PLAIN. WITH WRITING. THIS IS A FREE BY SERVICE.

E. B.—Every item of information should be carefully supplied. All checks should be made in plain text. Every effort should be made to ascertain the exact cause of death in plain terms, so that it may be properly classified. Most important of all, the occupation is very important. See instructions on back of certificate.