

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

1 PLACE OF DEATH
County Washington
Vol. Book 9
Inc. Town.....
City..... (No. St., Ward)

Registration District No. 872
Primary Registration District No. 71250

File No. 16404
Registered No. 20

2 FULL NAME Kattie Tucker

If death occurred in a hospital or institution give its name and street and number.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH June 10, 1894
(Month) (Day) (Year)

7 AGE 20 yrs. mos. 11 ds.
IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Washington Co, Ky

10 NAME OF FATHER Russ Buchanan

11 BIRTHPLACE OF FATHER (State or country) Washington Co, Ky

12 MAIDEN NAME OF MOTHER Lily Hunt

13 BIRTHPLACE OF MOTHER (State or country) Washington Co, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Urran Riggs
(Address) Beech Crest, Ky

15 June 23, 1914 J. P. Kimmel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 21, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1913, to June 21, 1914, that I last saw him alive on June 15, 1914, and that death occurred on the date stated above at 11:30 P.M. THE CAUSE OF DEATH* was as follows:
Tuberculosis

Contributory (SECONDARY)
(Signed) N. F. Whites M. D.
....., 191... (Address) Beech Crest, Ky

*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 Wyallo Chapel DATE OF BURIAL June 23, 1914
20 UNDERTAKER L. H. Stuart ADDRESS Beech Crest, Ky

WRITE PLAINLY, WITH REFINED HAND-WRITING IN A PERMANENT INK. Every item of information should state CAUSE OF DEATH, when known, so that it may be properly classified. CAPTION is very important. See instructions on back of certificate.