

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

11458

File No. ....

1 PLACE OF DEATH

County *Muhlenberg*

Vol. *1* Fol. *Bogges* Registration District No. *871*

Registered No. ....

Ino. Town ..... Primary Registration District No. *7132*

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

City ..... (No. .... St. .... Ward)

DELAY

2 FULL NAME *Margaret Pittman Tudor*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *December 12, 1914*  
(Month) (Day) (Year)

6 DATE OF BIRTH *April 28, 1833*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 1*, 1914, to *Dec 8*, 1914, that I last saw h<sup>e</sup>r. alive on *Dec 8*, 1914, and that death occurred on the date stated above at *6:20* a.m. The CAUSE OF DEATH\* was as follows:

7 AGE *81* yrs. *7* mos. *14* ds. IF LESS than 1 day... hrs. or... min.?

*Cancer of Breast*

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

15

9 BIRTHPLACE (State or country) *Rome, Texas*

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

10 NAME OF FATHER *Hilman Suite*

Contributory (SECONDARY) .....

11 BIRTHPLACE OF FATHER (State or country) *North Carolina*

(Signed) *R. P. Moore*, M. D.

12 MAIDEN NAME OF MOTHER *Unknown*

*Dec 12*, 1914 (Address) *Greenville, Ky*

13 BIRTHPLACE OF MOTHER (State or country) *North Carolina*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

(Informant) *W. D. Tudor*

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

(Address) *P.O. #1, Greenville, Ky*

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

15 Filed *12/12/14*

19 PLACE OF BURIAL OR REMOVAL *Bethel Church* DATE OF BURIAL *Dec 13, 1914*

20 UNDERTAKER *Oren L. Roark* ADDRESS *Greenville, Ky*

REGISTRAR

WRITE PLAINLY. IN UNFADING INK—THIS IS A PERMANENT RECORD. 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 DEATH ON is very important. See instructions on back of certificate.