



PLACE OF DEATH
 County Muhlenberg
 Vol. 7128 Registration District No. 7128
 Ino. Town..... Primary Registration District No.
 City..... (No.) St. Ward)
 2 FULL NAME Ollie Waggoner

File No. 24019
 Registered No.
 (If death occurred in a hospital or institution, give the name, location of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
6 DATE OF BIRTH, 1..... (Month) (Day) (Year)		
7 AGE <u>25</u> yrs. mos. ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Muhlenberg Co. Ky</u>		
10 NAME OF FATHER <u>S. J. Engler</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co. Ky</u>		
12 MAIDEN NAME OF MOTHER <u>Buchanan</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg</u>		

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Sept 24, 1916
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Aug 22, 1916, to Sept 24, 1916, that I last saw him alive on Sept 20, 1916, and that death occurred on the date stated above at 8 p.m. The CAUSE OF DEATH* was as follows:
Tuberculosis, Lungs
 (Duration) 1 yrs. 6 mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. S. Turner, M. D.
Sept 25, 1916 (Address) Dummar 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. State yrs. mos. ds.
 Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Dummar Cemetery DATE OF BURIAL Sept 25, 1916
 20 UNDERTAKER Dallas Peter Dummar ADDRESS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Verna Engler
 (Address) Dummar Ky

15 Filed 9/25, 1916 M. E. Bewley REGISTRAR

MADE IN KENTUCKY
 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.